

Licenses: Nebraska offers 2 types of mental health practice licenses (scope of practice for each license is listed below):

- Independent Mental Health Practitioner
- Mental Health Practitioner

Certificates: Nebraska offers certificates in social work, professional counseling and marriage and family therapy. The term 'social worker' 'certified professional counselor' and 'certified marriage and family therapist' is **title protected**, which means, if you WISH TO USE ANY OF THESE TITLES, you must also obtain the applicable certification(s). Be advised that the education/examination requirement may be different than the LIMHP or LMHP requirements.

See exception for CMSW: **(NOT requesting a MHP or Independent MHP License)**. You cannot provide mental health therapy; you may **ONLY** provide social work activities. A description of Social work activities can be found at: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-094.pdf

Scope of Practice

1. Independent mental health practice license: (1) Independent mental health practice includes the provision of treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations.

(2) **Independent mental health practice includes diagnosing major mental illness or disorder**, using psychotherapy with individuals suspected of having major mental or emotional disorders, or using psychotherapy to treat the concomitants of organic illness, with or without consultation with a qualified physician or licensed psychologist.

(3) Independent mental health practice does not include the practice of psychology or medicine, prescribing drugs or electroconvulsive therapy, treating physical disease, injury, or deformity, or measuring personality or intelligence for the purpose of diagnosis or treatment planning.

2. Mental health practice license: (1) Mental health practice includes the provision of treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations.

(2) Mental health practice license **does not include:**

(a) The practice of psychology or medicine;

(b) Prescribing drugs or electroconvulsive therapy;

(c) Treating physical disease, injury, or deformity;

(d) Diagnosing major mental illness or disorder **except in consultation** with a qualified physician, a psychologist licensed to engage in the practice of psychology as provided in section 38-3111, or a licensed independent mental health practitioner;

(e) Measuring personality or intelligence for the purpose of diagnosis or treatment planning;

(f) Using psychotherapy with individuals suspected of having major mental or emotional disorders except in consultation with a qualified physician, a licensed psychologist, or a licensed independent mental health practitioner; or

(g) Using psychotherapy to treat the concomitants of organic illness except in consultation with a qualified physician or licensed psychologist.

(3) Mental health practice includes the initial assessment of organic mental or emotional disorders for the purpose of referral or consultation.

NOTE: Consultation means a professional collaborative relationship between a licensed mental health practitioner and a consultant who is a psychologist licensed to engage in the practice of psychology in this state or as provided in similar provisions of the Psychology Interjurisdictional Compact, a qualified physician, or a licensed independent mental health practitioner in which (1) the consultant makes a diagnosis based on information supplied by the licensed mental health practitioner and any additional assessment deemed necessary by the consultant and (2) the consultant and the licensed mental health practitioner jointly develop a treatment plan which indicates the responsibility of each professional for implementing elements of the plan, updating the plan, and assessing the client's progress.

Mental health practitioner license qualifications (38-2122):

1. Has received a master's degree, a doctoral degree, or the equivalent of a master's degree, as determined by the board, that consists of course work and training which was primarily therapeutic mental health in content and included a practicum or internship and was from an approved educational program. Practicums or internships completed after September 1, 1995, must include a minimum of 300 clock hours of direct client contact under the supervision of a qualified physician, a licensed psychologist, or a licensed mental health practitioner.

NOTE: Total Program Hours Required (effective 7.12.2023)

A minimum of 60 semester hours is required. If the master's degree was less than 60 semester hours, additional hours can be attained outside of that program to equal the required semester hours; these additional hours must be **graduate hours** and **have a mental health focus**.

2. Has successfully completed 3000 hours of supervised experience in mental health practice of which 1500 hours were in direct client contact in a setting where mental health services were being offered and the remaining 1500 hours included, but were not limited to, review of client records, case conferences, direct observation, and video observation. For purposes of this subdivision, supervised means monitored by a qualified physician, a licensed clinical psychologist, or a certified master social worker, certified professional counselor, or marriage and family therapist qualified for certification on September 1, 1994, for any hours completed before such date or by a qualified physician, a psychologist licensed to engage in the practice of psychology, or a licensed mental health practitioner for any hours completed after such date, including evaluative face-to-face contact for a minimum of 1 hour per week. Such 3000 hours must be accumulated after completion of the master's degree, doctoral degree, or equivalent of the master's degree.
3. Has satisfactorily passed an examination approved by the board. An individual who by reason of educational background is eligible for certification as a certified master social worker, a certified professional counselor, or a certified marriage and family therapist must take and pass the appropriate certification examination before becoming licensed as a mental health practitioner.

Independent mental health practitioner license qualifications (38-2124):

OPTION 1:

1. Graduated with a master's or doctoral degree from an educational program which is accredited, at the time of graduation or within four years after graduation, by the Council for Accreditation of Counseling and Related Educational Programs, the Commission on Accreditation for Marriage and Family Therapy Education, or the Council on Social Work Education.
2. Is licensed as a licensed mental health practitioner or is licensed as a provisional mental health practitioner and has satisfactorily passed an examination approved by the board.
3. Has three thousand hours of experience supervised by a licensed physician, a licensed psychologist, or a licensed independent mental health practitioner, one-half of which is comprised of experience with clients diagnosed under the major mental illness or disorder category.

OPTION 2:

1. Graduated with a master's or doctoral degree deemed by the board to be equivalent in didactic content and supervised clinical experience to an accredited program.
2. Is licensed as a licensed mental health practitioner or is licensed as a provisional mental health practitioner and has satisfactorily passed an examination approved by the board.
3. Has three thousand hours of experience supervised by a licensed physician, a licensed psychologist, or a licensed independent mental health practitioner, one-half of which is comprised of experience with clients diagnosed under the major mental illness or disorder category.

OPTION 3:

1. Graduated from an educational program which does not meet the requirements of Option 1 or Option 2.
2. Is licensed as a licensed mental health practitioner or is licensed as a provisional mental health practitioner and has satisfactorily passed an examination approved by the board.
3. Has seven thousand hours of experience obtained in a period of not less than ten years and supervised by a licensed physician, a licensed psychologist, or a licensed independent mental health practitioner, one-half of which is comprised of experience with clients diagnosed under the major mental illness or disorder category.

NOTE: Options 1-3 do not apply to LMHP, CPC, CMFT, and CMSW

EFFECTIVE 7.21.2022: Criminal Background Check required for LIMHP applicants

Marriage and Family Therapist certificate qualifications (38-2133):

1. Has a master's or doctoral degree in marriage and family therapy from a program approved by the board or a graduate degree in a field determined by the board to be related to marriage and family therapy and graduate-level course work determined by the board to be equivalent to a master's degree in marriage and family therapy;
2. Has had at least three thousand hours of experience in marriage and family therapy under a qualified supervisor following receipt of the graduate degree. The three thousand hours shall include at least one thousand five hundred hours of direct-client contact during the five years preceding application for certification. During the course of completing the client-contact hours, there shall be at least one hundred hours of supervisor-supervisee contact hours with a qualified supervisor and supervision shall be provided at least one hour per week or two hours every two weeks; and
3. Passes an examination approved by the board.

MASTER'S DEGREE: A program that meets substantially equivalent educational requirements as adopted by Commission on Accreditation for Marriage and Family Therapy Education.

(a) Actively engaged in the practice of marriage and family therapy may include (i) services and activities provided under the direct supervision of a person with at least a master's degree in marriage and family therapy from a program approved by the board or (ii) services and activities that are classified by title or by description of duties and responsibilities as marriage and family therapy practice; (b) Qualified supervisor means (i) a licensed mental health practitioner, a psychologist licensed to engage in the practice of psychology, or a licensed physician who holds a designation of approved supervisor from an association which establishes standards for marriage and family therapy in conformity with accepted industry standards; such standards shall be specified in rules and regulations approved by the board and adopted and promulgated by the department or (ii) a marriage and family therapist who has practiced for five years and has completed a five-hour supervision course that may be provided by an association which establishes standards for marriage and family therapy in conformity with accepted industry standards; such standards shall be specified in rules and regulations approved by the board and adopted and promulgated by the department; and (c) Supervision means face-to-face contact between an applicant and a qualified supervisor during which the applicant appraises the supervisor of the diagnosis and treatment of each client, the clients' cases are discussed, the supervisor provides the applicant with oversight and guidance in treating and dealing with clients, and the supervisor evaluates the applicant's performance. In order for a supervised period of time to be credited toward the time of supervision required by subsection (1) of this section, it shall consist of the following: (i) Focus on raw data from the applicant's clinical work which is made directly available to the supervisor through such means as written clinical materials, direct observation, and video and audio recordings; (ii) A process which is distinguishable from personal psychotherapy or didactic instruction; and (iii) A proportion of individual and group supervision as determined by the rules and regulations of the board.

Master Social Worker certificate qualifications (38-2128):

1. Has a doctorate or a master's degree in social work from an approved educational program;
2. Has had a minimum of at least three thousand hours of experience, in addition to the master's or doctorate degree, in social work under the supervision as defined in section 38-2127 of a certified master social worker;
3. Satisfactorily passes an examination approved by the board.

MASTER'S DEGREE. Graduate social work education and training approved by the Council on Social Work Education
DOCTORAL DEGREE PROGRAMS. Recognized by the Groups for Advancement of Doctoral Education (GADE).

Professional Counselor certificate qualifications (38-2132):

1. Has received a master's degree from an approved educational program;
2. Has had three thousand hours of experience in professional counseling approved by the board after receipt of the master's degree; and
3. Satisfactorily passes an examination approved by the board.

MASTER'S DEGREE: A program that meets substantially equivalent educational requirements as adopted by the Council for Accreditation of Counseling and Related Educational Programs.

Degree Obtained in a Foreign Country. A degree obtained in a foreign country must be evaluated by a foreign educational credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) and be determined as equivalent to a degree issued from an approved program.

Application Information

US Citizenship/Lawful Presence (must be at **least 19** years old). **You must submit evidence of:**

A Driver's License is NOT acceptable.

U.S. Citizen, a **PHOTOCOPY** of one of the following:

- Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted).
- U.S. Passport (unexpired or expired).
- Certificate of Naturalization.
- Other documents that show U.S. Citizenship.

NOT a U.S. Citizen, a **PHOTOCOPY** of one of the following:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- Employment Authorization Card **AND**
 - An approved deferred action status (DACA);
 - A pending application for asylum in the United States;
 - A pending or approved application for temporary protected status in the United States; or
 - A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

EFFECTIVE 7.21.2022: Criminal Background Check required for LIMHP applicants:

If you are applying for a license in the State of Nebraska **as an Independent Mental Health Practitioner**, as of July 21, 2022, there is a new requirement to submit a fingerprint-based criminal background check to the Federal Bureau of Investigations. (this does not apply to LMHP's) See attached instructions.

Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe is **substantially similar** to the education required for this credential while you were a member of the military, you may submit such evidence with your application for review.

Military: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Licensing-Home-Page.aspx>

Translated 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.

License Fee Waiver: If you meet one of the following waiver options, your initial license fee **is waived**:

1. **Young Worker:** You are between the ages of 19 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
 - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
 - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
 - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines <https://dhhs.ne.gov/licensure/Documents/LowIncomeFeeWaiverTable.pdf> . To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

Application Instructions: Each Section of the application includes detailed instructions.

Application Processing:

You must submit your application with the fee. It may be mailed, or hand-delivered to our office. Our address is listed below, in Contact information.

You can verify receipt and issuance of your application at the following web site: <https://www.nebraska.gov/LISearch/search.cgi> If your file shows '**status: pending**', your application has been received by the Department and is in the review process.

All applications will be reviewed in date order received. Once reviewed, you will receive an e-mail or letter within approximately 30 business days advising you that your license has been issued or that your application is incomplete. If incomplete, you will be informed of how to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

**DO NOT USE WHITE OUT ON YOUR APPLICATION.
If you do, it will be returned to you.**

Contact Information:

Licensure Unit
301 Centennial Mall South (14th and M st)
P.O. Box 94986
Lincoln, Nebraska 68509-4986
Telephone: 402-471-2117
E-Mail: dhhs.licensure2117@nebraska.gov

INSTRUCTIONS FOR STATE CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason.

Fingerprints are required to be eligible for a Licensed Independent Mental Health Practitioner license in Nebraska. The Nebraska State Patrol will not process your request for a state criminal background check until you have paid the required fee to the State Patrol and the Licensure Unit has received your application for a license.

Please read and follow these instructions carefully to avoid delays in processing.

Even if you have recently obtained a criminal background check for another state or another license, you MUST obtain a new criminal background check for the license you are currently applying for in Nebraska.

Completing the FINGERPRINTING PROCESS:

There are 2 ways to capture your fingerprints.

1. **Live Scan Fingerprint Submissions:** Live Scan is the preferred method and available at all Nebraska State Patrol locations listed at the top of page 3 of these instructions. NSP Troop Area offices capture digital fingerprints via LiveScan and submit electronically to NSP CID for processing. No additional fingerprint cards are required for submission. If you are out-of-state and Live Scan is available, please request to have two copies of your fingerprint cards printed for manual forwarding to Nebraska State Patrol.
 - a. Visit the Nebraska State Patrol website to schedule a fingerprinting appointment at any Troop Area office statewide. The interactive online appointment calendar link is located here:
<https://statepatrol.nebraska.gov/services/fingerprinting>.
 - b. When scheduling your appointment online, please select/add the following information:

The screenshot shows a web form for scheduling an appointment. It has three main sections, each with a 'Required' label in red. The first section is 'Appointment Type' with a dropdown menu currently showing 'Name Check with Fingerprints (Nebraska Only)'. Below this is a note: 'Note: This appointment type should not be selected for licensing, applications or credentials.' The second section is 'Appointment Details' with a dropdown menu showing 'Fingerprint-based Criminal History'. Below this is a note: 'If only a Criminal History Request is required, and not fingerprints, you can do this online or by mail.' The third section is 'Other Details' with a text input field containing 'LIMHP 38-131'.

- c. Take one form of PHOTO ID with you to the Nebraska State Patrol Office. Acceptable forms of ID include a driver's license, visa, passport or other document showing that you are here legally in the U.S.
2. **Ink Fingerprint Submissions:** Applicants outside of Nebraska or at an office other than the below listed State Patrol offices may submit traditional ink fingerprinting on FD-258 fingerprint cards.
 - a. **Fingerprint Cards:** If you are unable to be printed at a LiveScan location, fingerprint cards and ink fingerprint capture are available many law enforcement agencies in NEBRASKA. Ink fingerprint submissions must be submitted on FD-258 fingerprint cards. If you live in another state, contact your local law enforcement agency. You may also contact the Licensure Unit at 402-471-4905 and cards can be mailed to you.

Information to be completed on the FD-258 Fingerprint Card:

- a. Print your full name, address with zip code, *Social Security Number, date and place of birth, and other information as requested. **DO NOT sign the fingerprint cards until** the law enforcement officer has verified your signature with the form of identification that you provided. **DO NOT write in the field labeled ORI.**
- b. **Social Security Number: If you do not have a United States Social Security Number, you must provide in the "Miscellaneous No: MNU" section a Government issued identification number, a "consulate" number or a Passport Number. Please indicate the type of number provided.*
- c. In the box labeled "Reason Fingerprinted" PRINT 'LIMHP 38-131'. Each license applied for requires an individual background check.
- d. **DO NOT FOLD THE FINGERPRINT CARDS.**

Photo ID:

Take one form of photo ID with you when getting your fingerprints. Acceptable forms of ID include a driver's license, visa, passport or other document showing that you are legally in the U.S.

Criminal History Record Request Form:

Complete sections **one through three (1-3)** of the Nebraska Criminal History Record Request Form and bring with you to your fingerprint appointment. If you are mailing in your fingerprint cards, complete the Criminal History Record Request form (**sections 1-3**) and enclose in your submission along with your fingerprint cards and payment. Links to the Criminal History Record Request form can be found online at completion of scheduling an online calendar appointment, in appointment confirmation emails, or by visiting the Nebraska State Patrol Website and download/print https://statepatrol.nebraska.gov/sites/default/files/752_criminal_history_record_request-fillable_form.pdf.

FEE: \$15.50

There are 3 ways to pay for fingerprint processing:

1. **Credit Card/E-Check:** Pay \$15.50 by credit card via the Nebraska State Patrol online appointment calendar system when scheduling your appointment. Credit/debit card OR checking account and routing information will be required. A small transaction fee will be added to your payment. For some payments, selection of eCheck will give you a discount on your transaction fee.
2. **Check or Money Order:** Payment of \$15.50 must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 4600 Innovation Drive, Lincoln NE 68521**. Indicate the name of the applicant and 'LIMHP Licensure' in the memo line of the check.
3. **Cash/Check/Credit Card/Money Order:** Payment of \$15.50 may be made directly at the NSP Troop Area Office during your scheduled Livescan fingerprint appointment.

The Nebraska State Patrol does not charge an additional fee for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or in other states may charge a fee.

Fingerprinting Process:

There are 2 ways to capture your fingerprints:

- **Live Scan:** Live Scan is available at all Nebraska State Patrol locations listed below and the fingerprints are captured electronically. The Nebraska State Patrol does not accept Live Scan prints from other states at this time. If you are out of state and have Live Scan prints, you will need to request that your fingerprints be printed out onto cards.
- **Ink and Paper Finger Prints:** Applicants outside of Nebraska or at an office other than on the next page; State Patrol offices have traditional ink and paper fingerprinting.

| Offices of the Nebraska State Patrol and the Days/Hours that Fingerprinting is Conducted | |
|---|--|
| Troop A 4411 S 108th ST Omaha NE 68137 Phone: 402-331-3333 | Monday- Friday 8:00 a.m. to 4:00 p.m. (appointment required) |
| Troop B 1401 Eisenhower AVE Norfolk NE 68701 Phone: 402-370-3456 | Monday – Thursday 8:30 a.m. to 4:00 p.m. (appointment required) |
| Troop C 3431 Old Potash Highway Grand Island NE 68801 Phone: 308-385-6000 | Tuesdays 9:00 a.m. to 4:00 p.m. Wednesdays 8:30 a.m. to 4:00 p.m. Thursdays 9:00 a.m. to 1:30 p.m. (appointment required) |
| Troop D 300 West South River Rd North Platte NE 69103 Phone: 308-535-6604 | Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required) |
| Troop E 4500 Avenue I Scottsbluff NE 69361 Phone: 308-632-1211 | Monday – Thursday 8:00 a.m. to 4:00 p.m. (appointment required) |
| Troop H Investigative Services Center 4600 Innovation Drive Lincoln NE 68521 Phone: 402-479-4971 | Monday - Friday 8:00 a.m. to 4:00 p.m. (appointment required) |

Where do you send the fingerprint cards?

You must send all fingerprint cards to the following address:

Criminal Identification Division (CID)
4600 Innovation Drive
Lincoln NE 68521

Criminal Background Check Notification: Applicants are able to receive any national criminal history record that may pertain to them directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and may then freely disclose any such information to whomever they choose. Applicants must authorize the dissemination of any national criminal history record that may pertain to them to the Department of Health and Human Services (DHHS) when applying for licensure. Applicants are entitled to challenge the accuracy and completeness of any information contained in any such report and will be provided a copy of the criminal history background report, if any, received if they appear at the DHHS in person and present proper identification. Information on how to challenge an applicant’s federal report can be found at FBI.gov. To challenge an applicant’s Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. Applicants may obtain a prompt determination as to the validity of their challenge before the DHHS makes a final decision about their application for licensure.

Neb. Rev. Stat. §38-131 - **Criminal background check; when required.** (1) An applicant for an initial license to practice as a registered nurse, a licensed practical nurse, a physical therapist, a physical therapy assistant, a psychologist, an advanced emergency medical technician, an emergency medical technician, an audiologist, a speech-language pathologist, a **licensed independent mental health practitioner**, an occupational therapist, an occupational therapy assistant, or a paramedic or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. A criminal background check may also be required for initial licensure or reinstatement of a license governed by the Uniform Credentialing Act if a criminal background check is required by an interstate licensure compact. Except as provided in subsection (3) of this section, the applicant shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. (2) This section shall not apply to a dentist who is an applicant for a dental locum tenens under section 38-1122, to a physician or osteopathic physician who is an applicant for a physician locum tenens under section 38-2036, or to a veterinarian who is an applicant for a veterinarian locum tenens under section 38-3335. (3) An applicant for a temporary educational permit as defined in section 38-2019 shall have ninety days from the issuance of the permit to comply with subsection (1) of this section and shall have his or her permit suspended after such ninety-day period if the criminal background check is not complete or revoked if the criminal background check reveals that the applicant was not qualified for the permit. Effective Date: July 21, 2022

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.

LICENSED INDEPENDENT and/or MENTAL HEALTH PRACTITIONER CERTIFICATION as CMFT, CPC, and/or CMSW

SECTION A: PERSONAL INFORMATION
Enter your **LEGAL NAME** below

| | | | |
|---|--|--------------|--|
| First Name: | | Middle Name: | |
| Last Name: | | Suffix: | |
| List any other names you are or have been known as (AKA), including maiden and your last name on your birth certificate.) | | | |

APPLICANT DEMOGRAPHICS

Mailing Address

| | | | |
|-----------------|--|-----------|--|
| Country: | | Zip Code: | |
| Address Line 1: | | City: | |
| Address Line 2: | | State: | |
| Address Line 3: | | County: | |

| | | |
|---------------------------------------|--|--------|
| Do you have a social security number? | Yes <input type="checkbox"/> No <input type="checkbox"/> | SSN #: |
|---------------------------------------|--|--------|

Neb. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.

| | |
|-----------------------|--|
| Are you a US Citizen? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|-----------------------|--|

| | |
|---|---|
| If you are not a U.S. Citizen, list your A# or I-94#: | <input type="checkbox"/> A# <input type="checkbox"/> I-94 # |
|---|---|

| | | | |
|----------------|--|---|--|
| Date of Birth: | | Place of Birth (City/State or Country): | |
|----------------|--|---|--|

| | | | |
|---|---------------------------------|------------|--|
| Primary Phone Number: <input type="checkbox"/> Check box if # Outside U.S. | <input type="checkbox"/> Mobile | | |
| | <input type="checkbox"/> Work | Ext: _____ | |

| | | | |
|---|---------------------------------|------------|--|
| Secondary Phone Number: <input type="checkbox"/> Check box if # Outside U.S. | <input type="checkbox"/> Mobile | | |
| | <input type="checkbox"/> Work | Ext: _____ | |

| | |
|-----------------|--|
| E-Mail Address: | |
|-----------------|--|

SECTION B: LICENSE/CERTIFICATION TYPE AND FEE

Check below the type of license/certification that you are requesting:

License:

Fees: (unless you qualify for a waiver)

| | |
|---|---|
| <input type="checkbox"/> Independent Mental Health Practitioner (LIMHP) <input type="checkbox"/> Mental Health Practice License (LMHP) | <p><u>If applying for ONLY 1 license type:</u> \$155 or \$38.75 (if applying March-August Even # Year)</p> <p><u>If applying for BOTH LIMHP & LMHP license types:</u> \$205 or \$63.75 (if applying March-August Even # Year)</p> |
|---|---|

Certifications:

Fees:

| | | | |
|--------------------------|--|--|---|
| <input type="checkbox"/> | Marriage and Family Therapist | If requesting CMFT, you must also be applying for or have a MHP or Independent MHP License in Nebraska) | \$50 \$25 (if applying March-August Even # Year) |
| <input type="checkbox"/> | Professional Counselor | If requesting CPC, you must also be applying for or have a MHP or Independent MHP license in Nebraska) | \$50 \$25 (if applying March-August Even # Year) |
| <input type="checkbox"/> | Master Social Worker | If requesting CMSW and will be providing mental health services, must also be applying for or have a MHP or Independent MHP license in Nebraska) | \$50 \$25 (if applying March-August Even # Year) |
| <input type="checkbox"/> | Master Social Work Certification Only (NOT requesting a MHP or Independent MHP License) If you select this certification and do not request or hold a Nebraska mental health practice license, you cannot provide mental health therapy; you may ONLY provide social work activities. A description of Social work activities can be found at: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-094.pdf | | \$125 \$31.25 (if applying March-August Even # Year) |

Pay by check or money order to: Licensure Unit

Your cancelled check is your proof of payment.
 Payment is processed upon receipt.
 Debit or credit card is not accepted.

Fee Waiver: If you meet one of the following fee waivers, your license fee **is waived**. **Check only one waiver:**

- Young Worker:** Under 26 years old.
- Low-Income Individual:**
 - Enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program.
 - State in which assistance is received: _____
 - NOTE: If you are enrolled in a state other than Nebraska, provide a copy of the state or federal documents verifying your enrollment.
- OR
- Household adjusted gross income is below 130% of the federal income poverty guideline, provide a copy of your most recent tax return
- Military Family:** Active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

SECTION C: CONVICTION AND LICENSE INFORMATION

Are you currently on court-ordered probation? Yes No

(If you marked yes, submit a letter from your probation officer addressing the terms and current status of your probation)

Have you **EVER** been convicted of a misdemeanor or felony? Yes No

If yes, enter **ALL** misdemeanor or felony convictions (regardless of when they occurred); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

| Name of Conviction | Date of Conviction | Name of Court Taking Action |
|--------------------|--------------------|-----------------------------|
| | | |
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| | | |
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| | | |

Provide a letter of explanation for each conviction that you entered above.

If your convictions were in a state other than Nebraska, attach copies of the court documents for each conviction.

| | |
|--|---|
| The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list | |
| <ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving | <ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check |

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

OTHER LICENSES

Check this box if you hold an active **Nebraska PLMHP** (provisional mental health practice license) and/or **Nebraska PCMSW** (provisional master social work certificate) or **Nebraska LMHP** (mental health practitioner).

PLMHP Lic # _____ PCMSW Cert # _____

LMHP Lic # _____

The following questions relate to a license that you currently hold or have held, to provide health related services in a state **other** than Nebraska.

Have you ever been denied the right to take a license examination in any State? Yes No

Explain:

| |
|--|
| |
|--|

Have you ever been denied the issuance of a license in any state? Yes No

| | | |
|------------------------|--|-----------------------|
| If yes, what state(s)? | | What type of license? |
| Explain: | | |

Disciplinary Action: If you have had any disciplinary action(s) taken against your credential, you must submit a copy of the disciplinary action(s), including charges and findings.

Do you hold or have held licenses to provide health-related services, health services, professional services, or environmental services in another state(s)?

| | | | | | |
|---|-----------------------------|------------------|----------------|-----------------------------|--|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Type of License: | | State Licensed: | |
| | | Type of License: | | State Licensed: | |
| If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it? | | Type of Action | Date of Action | Name of State Taking Action | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | |

Other Licensing Information: If you currently hold or have held a credential to provide health related services in a state or jurisdiction **other than Nebraska**, you must submit verification of the license(s) even if that license is no longer current.

SECTION D: SUPERVISOR'S INFORMATION

| | | | | |
|---|--------------------|--------|---------|-------|
| 1 | Supervisor's Name: | First: | Middle: | Last: |
| 2 | Supervisor's Name: | First: | Middle: | Last: |
| 3 | Supervisor's Name: | First: | Middle: | Last: |

SUPERVISOR INFORMATION:

Each supervisor must complete an affidavit attesting only to the hours they supervised your post masters mental health and/or independent mental health services for the period of time that they provided your supervision.

See appropriate supervision affidavits **(Attachment A-D)**

SECTION E: EXAMINATION CATEGORY

| | | | | |
|---|---|--|-----------------------------------|-----------------------------------|
| 1 | Examination Type (Check all that apply) | | | |
| | <input type="checkbox"/> | National Board for Certified Counselor Examination (NBCC) | NCE <input type="checkbox"/> | NCMHCE <input type="checkbox"/> |
| | <input type="checkbox"/> | Association of Marital and Family Therapy Regulatory Boards (AMFTRB) Examination | | |
| | <input type="checkbox"/> | American Association of State Social Work Boards (AASSWB) | Clinical <input type="checkbox"/> | Advanced <input type="checkbox"/> |
| | <input type="checkbox"/> | Council on Rehabilitation Education (CORE) | | |
| | <input type="checkbox"/> | The American Psychological Association (APA) for a doctoral degree program enrolled in by a person who has a master's degree or its equivalent in psychology | | |
| | <input type="checkbox"/> | Other Equivalent Examination, Name: | | |
| 2 | Date of Examination: | | | |
| 3 | Have you ever been denied the right to take a license examination? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: | | | |

EXAMINATION: You must submit: An **official** copy of your examination scores must be submitted to this office, if they are not already on file. To be official, the scores must be sent directly from the testing agency or another licensing board. The following identifies the examination required based on the degree you hold:

- Social Work Degree or Equivalent Degree:** Must have passed the Clinical Category of the ASWB examination; pass score is 75.
- Marriage and Family Therapy Degree or Equivalent Degree:** Must have passed the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) examination.
- Counseling Related Degree:** Must have passed the National Board of Certified Counselor's National Counselor Examination (NBCC/NCE) or the National Clinical Mental Health Counselor Examination (NBCC/NCMHCE); OR Council on Council on Rehabilitation Education (CORE); OR The American Psychological Association (APA) for a doctoral degree program enrolled in by a person who has a master's degree or its equivalent in psychology; OR equivalent examination.

SECTION F: EDUCATION

| | | | |
|-----------------------------|--|---------------|--|
| Name of College/University: | | | |
| Type of Degree Received: | | | |
| Date of Degree: | | Degree Major: | |

Check applicable program accreditation, if you received a master's or doctorate degree from one of the following accredited programs:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) |
| <input type="checkbox"/> | Council for Accreditation of Counseling and Related Educational Programs (CACREP) |
| <input type="checkbox"/> | Council on Social work Education (CSWE) |
| <input type="checkbox"/> | Council on Rehabilitation Education (CORE) |
| <input type="checkbox"/> | The American Psychological Association (APA) for a doctoral degree program enrolled in by a person who has a master's degree or its equivalent in psychology |

TRANSCRIPT:

If your program is **NOT accredited** by one of the above organizations, you must submit an Official college or university transcript verifying receipt of a master's or doctoral degree which the degree focus is primarily therapeutic mental health. This transcript must be sent directly by your school either by mail or electronically to dhhs.licensure2117@nebraska.gov.

SECTION G:

PRACTICE OR USE OF A PROTECTED TITLE PRIOR TO BEING CREDENTIALLED BY NEBRASKA

An individual who practices or uses a protected title in Nebraska prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations governing mental health practice.

| | | | | | | | | | |
|---|--|--|-----------------|--|-------------------|--|-------|--|--------------|
| 1 | <p><u>If applying for a Mental Health Practitioner:</u></p> <p><input type="checkbox"/> No. I <u>have NOT</u> practiced mental health in Nebraska without a credential before submitting this application?</p> <p><input type="checkbox"/> Yes. I <u>have</u> practiced mental health in Nebraska without a credential before submitting the application?</p> | | | | | | | | |
| 2 | <p><u>If applying for an Independent Mental Health Practitioner:</u></p> <p><input type="checkbox"/> No. I <u>have NOT</u> provided independent mental health services in Nebraska without a credential or without supervision before submitting this application?</p> <p><input type="checkbox"/> Yes. I <u>have</u> provided independent mental health services in Nebraska without a credential or without supervision before submitting the application?</p> | | | | | | | | |
| 3 | <p><u>Social Work, Marriage and Family Therapy, Professional Counseling:</u></p> <p><input type="checkbox"/> No. I <u>have NOT</u> used the title Social Worker, Certified Marriage and Family Therapist or Certified Professional Counselor in Nebraska without a credential before submitting this application?</p> <p><input type="checkbox"/> Yes. I <u>have</u> used the title Social Worker, Certified Marriage and Family Therapist or Certified Professional Counselor in Nebraska without a credential before submitting this application?</p> | | | | | | | | |
| <p>If YES to any of the questions above, what are the actual number of days you practiced mental health or used the title social worker, certified marriage and family therapist, or certified professional counselor in Nebraska without a credential and what is the business name, location and telephone number of the practice:</p> | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="border: 1px solid black; padding: 2px;">Number of days:</td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;">Name of Business:</td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;">City:</td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;">Telephone #:</td> </tr> </table> | | | Number of days: | | Name of Business: | | City: | | Telephone #: |
| | Number of days: | | | | | | | | |
| | Name of Business: | | | | | | | | |
| | City: | | | | | | | | |
| | Telephone #: | | | | | | | | |

SECTION H: ATTESTATION SECTION

For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check **ONE** of the boxes below*): **I attest that:**

- I am a citizen of the United States.
- I am **NOT** a citizen of the United States. I am a qualified alien under the federal Immigration and Nationality Act, or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
- I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

I further attest that: I have read the application or have had the application read to me; and I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____

Date: _____

Mental Health Practice License:

If applying for a mental health practice license, the following information applies:

Complete Attachments: 1, 5 and A

- Coursework:** If you received a master's/doctoral degree **from a program other than those listed below**, you must submit a syllabus for each course listed on the application and it must be from the time you completed that course.
- Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
 - Council for Accreditation of Counseling and Related Educational Programs (CACREP)
 - Council on Social Work Education (CSWE)
 - Council on Rehabilitation Education (CORE)
 - The American Psychological Association (APA) for a doctoral degree program enrolled in by a person who has a master's degree or its equivalent in psychology

If you do not know whether your program was accredited, go to the applicable accreditation web site before Completing your application.

- Practicum/Internship:** You must submit the affidavit of practicum/internship **(ATTACHMENT 5)**. This practicum or internship must have been completed as part of your degree program (not as work experience after your degree was issued).

Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the military, you may submit such evidence with your application for review.

Marriage and Family Therapist: If also applying for CMFT, **Complete Attachment C**

Master Social Worker: If also applying for MSW, **Complete Attachment D**

Professional Counselor: If also applying for CPC and you did not graduate from a CACREP program, **Complete Attachment 2**

Independent Mental Health Practice License:

If applying for an independent mental health practice license, the following information applies:

To apply for A LICENSE in Nebraska, you must apply by Option 1, 2 or 3 below:

OPTION 1: Accredited Program

Complete Attachments: (ATTACHMENT B)

You must have graduated with a master's degree from a program which **was** accredited by one of the below named organizations (at the time of your graduation or within 4-years after your graduation). Check the appropriate accreditation below:

- CACREP
- COAMFTE
- CSWE

EXPERIENCE REQUIREMENTS: Post-master's supervision **for a total of 3,000 hours (or more)** of mental health practice (can be direct or non-direct) and included **at least 1,500 hours (or more) of experience with clients diagnosed** under the major mental illness or disorder category. You can view the definition of major mental illness/disorder at: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-094.pdf

This total experience must have been obtained **under the supervision** of a licensed physician, licensed psychologist, or licensed independent mental health practitioner. This may include experience gained under multiple supervisors, so long as your supervision **totals 3,000 hours**. These may or may not, be hours you previously used for issuance of an LMHP. Please discuss with your supervisor to identify your major mental illness/disorder hours, if you have questions about that experience.

OPTION 1 EXPERIENCE: Your supervisor(s) must complete the Affidavit of Supervised Experience **(ATTACHMENT B)** to verify your **post-master's** experience supervised by them, and to verify the # of hours of experience working with clients diagnosed under the major mental illness or disorder category.

OPTION 2: Equivalent to Accredited Program

Complete Attachments: **2, or 3, or 4, and 5**

If you graduated with a master's degree from a program with a mental health focus which was **NOT ACCREDITED** by CACREP, COAMFTE, or CSWE, but you believe is equivalent to their current standards, mark the accredited program you believe it's equal to:

- CACREP complete **ATTACHMENT 2**
- COAMFTE complete **ATTACHMENT 3**
- CSWE complete **ATTACHMENT 4**

EXPERIENCE REQUIREMENTS: Post-master's supervision **for a total of 3,000 hours (or more)** of mental health practice (regardless of whether it was direct or non-direct) which included **at least 1,500 hours (or more) of experience with clients diagnosed** under the major mental illness or disorder category.

This total experience must have been obtained **under the supervision** of a licensed physician, licensed psychologist, or licensed independent mental health practitioner. This may include experience gained under multiple supervisors, so long as your supervision **totals 3,000 hours**. These may or may not, be hours you previously used for issuance of an LMHP. Please discuss with your supervisor to identify your major mental illness/disorder hours, if you have questions about that experience.

OPTION 2 EXPERIENCE AND EDUCATION: You must submit:

- Experience:** Your supervisor(s) must complete the Affidavit of Supervised Experience (**applicable ATTACHMENT B**), to verify your **post-master's** experience supervised by them, and to verify the # of hours of experience working with clients diagnosed under the major mental illness or disorder category.
- Practicum/Internship:** You **must** submit the affidavit of practicum/internship. This practicum or internship must have been completed as part of your master's or doctorate degree program (not as work experience after your degree was issued). (**ATTACHMENT 5**),
NOTE: For CACREP equivalency review, there are 8 coursework areas AND a 700 hour practicum/internship requirement; this is more hours than Nebraska requires to issue a PLMHP or LMHP, so we do not have verification of this additional education on file.
- Eligibility Worksheets:** (**ATTACHMENT 2**), set out the current standards and must be submitted with copies of syllabi for each course you list (from the time you completed that course).
- Official College/University Transcript:** If applying under OPTION 2 **OR** if this is your first application for a Mental Health credential, you must submit a current, Official Transcript. You may submit an Official paper transcript, or it may be submitted from the school, or **sent to us electronically by a transcript service to:** dhhs.licensure2117@nebraska.gov
We do not accept copies of transcripts sent electronically to the applicant.

OPTION 3: At Least 10 years of supervised experience:

Complete Attachment: **(ATTACHMENT B)**

If you do not meet either option 1 or 2, you must have at least a master's degree from a program with a mental health focus and have earned the following experience.

EXPERIENCE REQUIREMENTS: Post-masters supervision **for a total of 7,000 hours (or more)** of mental health practice (regardless of whether it was direct or non-direct hours) which included **at least 3,500 hours of experience with clients diagnosed** under the major mental illness or disorder category.

This experience must have been obtained in a combined time period of **not less than 10 years** and **supervised** by a licensed physician, licensed psychologist, or licensed independent mental health practitioner. Experience isn't required to run concurrently and may include experience gained under multiple supervisors, so long as their individual qualified supervision totals 10 years, or more. You may wish to confer with your supervisor, to identify your major mental illness/disorder hours. These may or may not, be hours you previously used for issuance of an LMHP.

→OPTION 3 EXPERIENCE: You must submit:

Your supervisor(s) must complete the Affidavit of Supervised Experience (**ATTACHMENT B**) to verify your **post-master's** experience supervised by them, and to verify the # of hours of experience working with clients diagnosed under the major mental illness or disorder category.

MENTAL HEALTH PRACTICE LICENSE COURSEWORK

HOLD A PLMHP: If you are applying for the mental health practice license **and hold or have held a PLMHP in Nebraska, you are not required to complete this attachment.**

OR

ACCREDITED PROGRAMS: If your program is accredited by one of the following, **you ARE NOT required to complete this attachment.**

- Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
- Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Council on Social work Education (CSWE)
- Council on Rehabilitation Education (CORE)
- The American Psychological Association (APA) for a doctoral degree program enrolled in by a person who has a master's degree or its equivalent in psychology

NON-ACCREDITED PROGRAM: If you received a masters' or doctorate degree from a program **OTHER THAN** those listed as accredited:

- Your degree must consist of course work and training which was primarily therapeutic mental health in content.
- Your degree must be from an institution of higher education approved by the Council for Higher Education Accreditation (CHEA) or its successor.
- You must submit course descriptions for each course(s) listed below from the time you completed such course; a syllabus is preferred and must be from the time you completed each course.

An official course description must be attached for each course listed.

Total Program Hours Required (effective 7.12.2023)

A minimum of 60 semester hours is required. If the master's degree was less than 60 semester hours, additional hours can be attained outside of that program to equal the required semester hours; these additional hours must be **graduate hours** and **have a mental health focus.**

List the total # of master's/doctorate credits you earned: _____

(LIST the name of the course, the course number and the name of the institution in which the course was completed).

PRACTICUM OR INTERNSHIP (must be part of your degree)

Course Definition: (If completed *after* September 1, 1995, the practicum or internship must include a minimum of 300 clock hours of direct client contact under the supervision of a qualified supervisor. Any artificial situation where a person presents a problem, such as role playing, is not acceptable)

Your supervisor or internship director must submit **(ATTACHMENT 5)** of this application to verify completion of the practicum/internship requirement.

| Name of Course | Course Number | College/University |
|----------------|---------------|--------------------|
| | | |
| | | |

If your **practicum** was **completed prior to September 1, 1995**, there is no hour requirement and **(ATTACHMENT 5)** of this application is not required to be completed or submitted; however, you must still list the practicum/internship above.

Coursework Areas Required by Nebraska

1. THEORIES AND TECHNIQUES OF HUMAN BEHAVIOR INTERVENTION: (6 semester hours or 9-quarter hours)

Course Definition: Courses that cover therapeutic techniques and strategies for human behavioral intervention. This includes major contributions of the biological, behavioral, cognitive, and social sciences relevant to understanding assessment and treatment of the person and his/her environment with emphases on the social systems framework, personality theories and individual development through the life cycle, and their application.

| Name of Course(s) | Course Number | College/University |
|-------------------|---------------|--------------------|
| | | |
| | | |
| | | |

2. PROFESSIONAL ETHICS AND ORIENTATION: (3 semester hours or 4.5-quarter hours)

Course Definition: The application of ethical and legal issues to the practice. Examples are: family law, codes of ethics, boundaries, peer review, record keeping, confidentiality, informed consent, and duty to warn.

| Name of Course(s) | Course Number | College/University |
|-------------------|---------------|--------------------|
| | | |
| | | |

3. ASSESSMENT TECHNIQUES REQUIRED FOR MENTAL HEALTH PRACTICE: (3 semester hours or 4.5-quarter hours)

Course Definition: Includes the process of collecting pertinent data about client or client systems and their environment and appraising the data as a basis for making decisions regarding treatment and/or referral. Examples are ability to make a clinical diagnostic impression, knowledge of psychopathology, and assessment of substance abuse and other addictions.

| Name of Course(s) | Course Number | College/University |
|-------------------|---------------|--------------------|
| | | |
| | | |

4. HUMAN GROWTH AND DEVELOPMENT: (3 semester hours or 4.5-quarter hours)

Course Definition: The integration of the psychological, sociological and biological approaches within the life cycle. Examples are awareness of culture, gender, or human sexuality at developmental levels, human behavior (normal and abnormal), personality theory, and learning theory.

| Name of Course(s) | Course Number | College/University |
|-------------------|---------------|--------------------|
| | | |
| | | |

5. RESEARCH AND EVALUATION: (3 semester hours or 4.5-quarter hours)

Course Definition: Includes such areas as statistics or research design and development of research and demonstration proposals.

| Name of Course(s) | Course Number | College/University |
|-------------------|---------------|--------------------|
| | | |
| | | |

Undergraduate Courses:

Undergraduate courses can only be considered if the Graduate program accepted an undergraduate course(s) as meeting the above graduate course criteria. The school must submit a notarized letter, on institutional letterhead, from an authorized person, i.e., the Department Chair of the program, stating the undergraduate course(s) was accepted to meet the educational requirement(s) of the master's degree.

| |
|---|
| For Office Use Only Date reviewed: _____ by: _____ |
|---|

LIMHP – OPTION 2
CACREP EQUIVALENCY
Eligibility Worksheet (also used for CPC)

If you graduated with at least a master's degree from a program which was **NOT accredited by CACREP**, but you believe it is equivalent to a program accredited by CACREP, you must complete this eligibility worksheet which sets out the CACREP accreditation standards, regardless of what information was previously submitted for another credential. <https://www.cacrep.org/for-programs/>

You must submit a course syllabus for each course listed-for the year you completed the course.

Total Program Hours Required by CACREP: (effective 7.12.2023)

A minimum of 60 semester hours is required. If the master's degree was less than 60 semester hours, additional hours can be attained outside of that program to equal the required semester hours; these additional hours must be **graduate hours** and **have a mental health focus**.

List the total # of master's/doctorate credits you earned: _____

List below the course name, the course number and the name of the institution where the course was completed.

Coursework Areas Required by CACREP:

(Published 7.1.2016)

Area 1: PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE:

- a) history and philosophy of the counseling profession and its specialty areas
- b) the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation
- c) counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams
- d) the role and process of the professional counselor advocating on behalf of the profession
- e) advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients
- f) professional counseling organizations, including membership benefits, activities, services to members, and current issues
- g) professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues
- h) current labor market information relevant to opportunities for practice within the counseling profession
- i) ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling
- j) technology's impact on the counseling profession
- k) strategies for personal and professional self-evaluation and implications for practice
- l) self-care strategies appropriate to the counselor role
- m) the role of counseling supervision in the profession

| <i>Name of Course(s)</i> | Course Number | College/University |
|--------------------------|----------------------|---------------------------|
| | | |
| | | |

Area 2: SOCIAL AND CULTURAL DIVERSITY:

- a) multicultural and pluralistic characteristics within and among diverse groups nationally and internationally
- b) theories and models of multicultural counseling, cultural identity development, and social justice and advocacy
- c) multicultural counseling competencies
- d) the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others
- e) the effects of power and privilege for counselors and clients
- f) help-seeking behaviors of diverse clients
- g) the impact of spiritual beliefs on clients' and counselors' worldviews
- h) strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination

| <i>Name of Course(s)</i> | Course Number | College/University |
|--------------------------|----------------------|---------------------------|
| | | |
| | | |

Area 3: HUMAN GROWTH AND DEVELOPMENT:

- a) theories of individual and family development across the lifespan
- b) theories of learning
- c) theories of normal and abnormal personality development
- d) theories and etiology of addictions and addictive behaviors
- e) biological, neurological, and physiological factors that affect human development, functioning, and behavior
- f) systemic and environmental factors that affect human development, functioning, and behavior
- g) effects of crisis, disasters, and trauma on diverse individuals across the lifespan
- h) a general framework for understanding differing abilities and strategies for differentiated interventions
- i) ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan

| <i>Name of Course(s)</i> | Course Number | College/University |
|--------------------------|----------------------|---------------------------|
| | | |
| | | |

Area 4: CAREER DEVELOPMENT:

- a) theories and models of career development, counseling, and decision making
- b) approaches for conceptualizing the interrelationships among and between work, mental well-being, relationships, and other life roles and factors
- c) processes for identifying and using career, avocational, educational, occupational and labor market information resources, technology, and information systems
- d) approaches for assessing the conditions of the work environment on clients' life experiences
- e) strategies for assessing abilities, interests, values, personality and other factors that contribute to career development
- f) strategies for career development program planning, organization, implementation, administration, and evaluation
- g) strategies for advocating for diverse clients' career and educational development and employment opportunities in a global economy
- h) strategies for facilitating client skill development for career, educational, and life-work planning and management
- i) methods of identifying and using assessment tools and techniques relevant to career planning and decision making
- j) ethical and culturally relevant strategies for addressing career development

| <i>Name of Course(s)</i> | Course Number | College/University |
|--------------------------|----------------------|---------------------------|
| | | |
| | | |

Area 5: COUNSELING AND HELPING RELATIONSHIPS:

- a) theories and models of counseling
- b) a systems approach to conceptualizing clients
- c) theories, models, and strategies for understanding and practicing consultation
- d) ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships
- e) the impact of technology on the counseling process
- f) counselor characteristics and behaviors that influence the counseling process
- g) essential interviewing, counseling, and case conceptualization skills
- h) developmentally relevant counseling treatment or intervention plans
- i) development of measurable outcomes for clients
- j) evidence-based counseling strategies and techniques for prevention and intervention
- k) strategies to promote client understanding of and access to a variety of community-based resources
- l) suicide prevention models and strategies
- m) crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid
- n) processes for aiding students in developing a personal model of counseling

| <i>Name of Course(s)</i> | Course Number | College/University |
|--------------------------|----------------------|---------------------------|
| | | |
| | | |

Area 6: GROUP COUNSELING AND GROUP WORK:

- a) theoretical foundations of group counseling and group work
- b) dynamics associated with group process and development
- c) therapeutic factors and how they contribute to group effectiveness
- d) characteristics and functions of effective group leaders
- e) approaches to group formation, including recruiting, screening, and selecting members
- f) types of groups and other considerations that affect conducting groups in varied settings
- g) ethical and culturally relevant strategies for designing and facilitating groups
- h) direct experiences in which students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term

| <i>Name of Course(s)</i> | <i>Course Number</i> | <i>College/University</i> |
|--------------------------|----------------------|---------------------------|
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Area 7: ASSESSMENT AND TESTING:

- a) historical perspectives concerning the nature and meaning of assessment and testing in counseling
- b) methods of effectively preparing for and conducting initial assessment meetings
- c) procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide
- d) procedures for identifying trauma and abuse and for reporting abuse
- e) use of assessments for diagnostic and intervention planning purposes
- f) basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments
- g) statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations
- h) reliability and validity in the use of assessments
- i) use of assessments relevant to academic/educational, career, personal, and social development
- j) use of environmental assessments and systematic behavioral observations
- k) use of symptom checklists, and personality and psychological testing
- l) use of assessment results to diagnose developmental, behavioral, and mental disorders
- m) ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results

| <i>Name of Course(s)</i> | <i>Course Number</i> | <i>College/University</i> |
|--------------------------|----------------------|---------------------------|
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Area 8: RESEARCH AND PROGRAM EVALUATION:

- a) the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice
- b) identification of evidence-based counseling practices
- c) needs assessments
- d) development of outcome measures for counseling programs
- e) evaluation of counseling interventions and programs
- f) qualitative, quantitative, and mixed research methods
- g) designs used in research and program evaluation
- h) statistical methods used in conducting research and program evaluation
- i) analysis and use of data in counseling
- j) ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research and/or program evaluation

| <i>Name of Course(s)</i> | <i>Course Number</i> | <i>College/University</i> |
|--------------------------|----------------------|---------------------------|
| | | |
| | | |

Practicum/Internship Required by CACREP: Practicum and internship experiences are required for all students

Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term that is a minimum of 10 weeks. Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.

After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialty area. K. Internship students complete at least 240 clock hours of direct service.

You must submit evidence of at least 700 total clock hours of practicum/internship as part of your master’s or doctoral degree program, of these 700, at least 280 must be direct client hours.

Your supervisor or internship director must submit **ATTACHMENT 5** to verify completion.

| Name of Practicum Course(s) | Course Number | College/University |
|------------------------------|---------------|--------------------|
| | | |
| | | |
| Name of Internship Course(s) | | |
| | | |
| | | |

LIMHP – OPTION 2
COAMFTE EQUIVALENCY
Eligibility Worksheet

If you graduated with at least a master's degree from a program which was NOT accredited by COAMFTE, but you believe it is equivalent to a program accredited by COAMFTE, you must complete the following coursework which sets out the COAMFTE accreditation standards (2018), regardless of what information was previously submitted. <https://www.coamfte.org/>

Coursework Areas Required by COAMFTE: Version 12.0 Published 8.2017; Effective 1.1.2018

1: Foundations of Relational/Systemic Practice, Theories & Models

(Minimum of 6 semester credits/8 quarter credits/90 clock hours)

This area facilitates students developing competencies in the foundations and critical epistemological issues of MFTs. It includes the historical development of the relational/systemic perspective and contemporary conceptual foundations of MFTs, and early and contemporary models of MFT, including evidence-based practice and the biopsychosocial perspective.

| Name of Course(s) | Course Number | College/University |
|-------------------|---------------|--------------------|
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| | | |

2: Clinical Treatment with Individuals, Couples and Families *(Minimum of 6 Credits/8 quarter credits/90 clock hours)*

This area facilitates students developing competencies in treatment approaches specifically designed for use with a wide range of diverse individuals, couples, and families, including sex therapy, same-sex couples, working with young children, adolescents and elderly, interfaith couples, and includes a focus on evidence-based practice. Programs must include content on crisis intervention.

| Name of Course(s) | Course Number | College/University |
|-------------------|---------------|--------------------|
| | | |
| | | |

3: Diverse, Multicultural and/or Underserved Communities *(Minimum of 3 Credits/4 quarter credits/45 clock hours)*

This area facilitates students developing competencies in understanding and applying knowledge of diversity, power, privilege and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or beliefs, nation of origin or other relevant social categories throughout the curriculum. It includes practice with diverse, international, multicultural, marginalized, and/or underserved communities, including developing competencies in working with sexual and gender minorities and their families as well as anti-racist practices.

| Name of Course(s) | Course Number | College/University |
|-------------------|---------------|--------------------|
| | | |
| | | |

4: Research & Evaluation *(Minimum of 3 Credits/4 quarter credits/45 clock hours)*

This area facilitates students developing competencies in MFT research and evaluation methods, and in evidence-based practice, including becoming an informed consumer of couple, marriage, and family therapy research. If the program's mission, goals, and outcomes include preparing students for doctoral degree programs, the program must include an increased emphasis on research.

| Name of Course(s) | Course Number | College/University |
|-------------------|---------------|--------------------|
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5: Professional Identity, Law, Ethics & Social Responsibility *(Minimum of 3 Credits/4 quarter credits/45 clock hours)*

This area addresses the development of a MFT identity and socialization, and facilitates students developing competencies in ethics in MFT practice, including understanding and applying the AAMFT Code of Ethics and understanding legal responsibilities.

| Name of Course(s) | Course Number | College/University |
|-------------------|---------------|--------------------|
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6: Biopsychosocial Health & Development Across the Life Span (Minimum of 3 Credits/4 quarter credits/45 clock hours)
 This area addresses individual and family development, human sexuality, and bio-psychosocial health across the lifespan.

| Name of Course(s) | Course Number | College/University |
|-------------------|---------------|--------------------|
| | | |
| | | |

7. Systemic/Relational Assessment & Mental Health Diagnosis and Treatment (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area facilitates students developing competencies in traditional psycho-diagnostic categories, psychopharmacology, the assessment, diagnosis, and treatment of major mental health issues as well as a wide variety of common presenting problems including addiction, suicide, trauma, abuse, intra-familial violence, and therapy for individuals, couples, and families managing acute chronic medical conditions, utilizing a relational/systemic philosophy.

| Name of Course(s) | Course Number | College/University |
|-------------------|---------------|--------------------|
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The following 2 areas must be covered in the curriculum in some way, though there are no minimum credit requirements.

8: Contemporary Issues

This area facilitates students developing competencies in emerging and evolving contemporary challenges, problems, and/or recent developments at the interface of Couple or Marriage and Family Therapy knowledge and practice, and the broader local, regional, and global context.

This includes such issues as immigration, technology, same-sex marriage, violence in schools, etc. These issues are to reflect the context of the program and the program’s mission, goals, and outcomes. Programs are encouraged to innovate in this Foundational Curricular Area.

9: Community Intersections & Collaboration

This area facilitates students developing competencies in practice within defined contexts (e.g., healthcare settings, schools, military settings, private practice) and/or nontraditional MFT professional practice using therapeutic competencies congruent with the program’s mission, goals, and outcomes (e.g., community advocacy, psycho-educational groups). It also addresses developing competency in multidisciplinary collaboration.

| Name of Course(s) | Course Number | College/University |
|-------------------|---------------|--------------------|
| | | |
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| | | |

LIMHP – OPTION 2
CSWE EQUIVALENCY
Eligibility Worksheet

If you graduated with a master’s or higher degree from a program which was NOT accredited by CSWE, but you believe it is equivalent to a program accredited by CSWE, review the information and descriptions of competencies provided in the Educational Policy and Accreditation Standards found at the following website: <https://www.cswe.org/Accreditation/Accreditation-Process>. List the courses you have completed in each of the following 9 competencies. (2015)

| Competency 1: Demonstrate Ethical and Professional Behavior | | |
|--|---------------|--------------------|
| Name of Course(s) | Course Number | College/University |
| | | |
| | | |

| Competency 2: Engage Diversity and Difference in Practice | | |
|--|---------------|--------------------|
| Name of Course(s) | Course Number | College/University |
| | | |
| | | |

| Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice | | |
|---|---------------|--------------------|
| Name of Course(s) | Course Number | College/University |
| | | |
| | | |

| Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice | | |
|---|---------------|--------------------|
| Name of Course(s) | Course Number | College/University |
| | | |
| | | |

| Competency 4: Engage In Practice-informed Research and Research-informed Practice | | |
|--|---------------|--------------------|
| Name of Course(s) | Course Number | College/University |
| | | |
| | | |

| Competency 5: Engage in Policy Practice | | |
|--|---------------|--------------------|
| Name of Course(s) | Course Number | College/University |
| | | |
| | | |

| Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities | | |
|--|---------------|--------------------|
| Name of Course(s) | Course Number | College/University |
| | | |
| | | |

| Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities | | |
|---|---------------|--------------------|
| Name of Course(s) | Course Number | College/University |
| | | |
| | | |

| Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities | | |
|---|---------------|--------------------|
| Name of Course(s) | Course Number | College/University |
| | | |
| | | |

| Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities | | |
|---|---------------|--------------------|
| Name of Course(s) | Course Number | College/University |
| | | |
| | | |

The Practicum or Internship Supervisor or Director
MUST complete this form.

Licensure Unit

P. O. Box 94986 - Lincoln, NE 68509-4986
(402) 471-2117
Dhhs.licensure2117@nebraska.gov

MASTER'S/DOCTORATE PRACTICUM OR
INTERNSHIP VERIFICATION

This practicum or internship must have been completed as part of your degree program
(Work experience gained after the degree was issued, is not acceptable towards the practicum/internship)

SUPERVISOR INFORMATION:

Name of Supervisor: _____ License Type: _____ License #: _____

Name of Applicant: _____ The practicum/internship was completed at:
_____ (name of business), _____ (city) _____ (state).

SUPERVISED HOURS:

- Direct client contact is contact between the practicum student and a client system, including collateral contacts, while providing mental health services. Supervisory sessions involving only the practicum student and supervisor and any artificial situation where a person presents a problem, such as role playing, is not direct client contact.
- Face to face supervision may include in-person or interactive visual imaging assisted communication which is secure and confidential.

Mental Health Practitioner:

Check this box if the applicant is applying for a Mental Health Practitioner License.

I verify that the above named applicant has completed a minimum of 300 clock hours of supervised direct client contact.

Independent Mental Health Practitioner for Requesting Equivalency of a CACREP Accredited Program:

Check this box if the applicant is applying for an Independent Mental Health Practitioner License.

I verify that the above named applicant has completed a minimum of at least 700 clock hours of Practicum and/or Internship as part of his/her master's or doctoral degree program, which included at least 280 hours of direct service with clients.

Marriage and Family Therapy or Requesting Equivalency of an COAMFTE Accredited Program:

Check this box if the applicant is also applying for a marriage and family therapy certification.

I verify that the above named applicant has completed **at least 500** clinical contact hours with individuals, couples, families and other systems physically present, at least 40% of which must be relational as part of their master's or doctoral degree program.

Master Social Worker for Requesting Equivalency of a CSWE Accredited Program (only applies for LIMHP):

Must be applying for the Independent Mental Health Practitioner License to consider equivalency.

I verify that the above named applicant has completed **at least 900** hours of field education demonstrating social work competencies through in-person contact with clients and constituencies as part of their master's or doctoral degree program.

ATTESTATION: I state that I am the person completing this form and the statements are true and complete.

I further verify that the applicant has completed a **practicum/internship as part of his/her Master's Degree Program**, including the clock hours listed above, providing mental health services under supervision.

Date

(Print/Type) Name of Supervisor or Internship Director

SIGNATURE OF SUPERVISOR or INTERNSHIP DIRECTOR

**Mental Health Practitioner
POST-MASTER'S SUPERVISED EXPERIENCE VERIFICATION**

Licensure Unit

P. O. Box 94986 - LINCOLN, NE 68509-4986

(402) 471-2117

Email: dhhs.licensure2117@nebraska.gov

Supervisors must complete this Attachment. Each supervisor **MUST** sign and date this form to attest to the experience earned. **These hours MUST be earned after receipt of an approved masters' degree.**

WHITE OUT IS NOT ACCEPTABLE:

Changes to information entered onto this form are not acceptable unless the supervisor initials the changed information.

PART I - SUPERVISOR INFORMATION:

Name of Supervisor: _____ License #: _____

Name of Applicant: _____

Supervisor place a checkmark in the box by the license(s) you hold:

| | |
|---|---|
| <input type="checkbox"/> licensed mental health practitioner (LMHP) | <input type="checkbox"/> licensed independent mental health practitioner (LIMHP) (similar lic in another state) |
| <input type="checkbox"/> licensed psychologist | <input type="checkbox"/> qualified physician |

PART II - MENTAL HEALTH PRACTICE EXPERIENCE: MHP Activities include: treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, Or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations.

SUPERVISORS: List only hours that you personally supervised the applicant providing mental health services

NOTE: direct and non-direct hours are reported separately:

1. _____ Number of direct (face-to-face) client contact (clock) hours (when reporting partial hours, use .25 increments)
2. _____ Number of **non-direct** clock hours
3. _____ Total number of clock hours of mental health activities performed under my supervision.
4. List the dates the above hours of supervised mental health practice **was completed (provide FULL dates):**
from _____ through _____
(month/day/year) (month/day/year)

Supervisor's Signature and Attestation

I state that I am the person completing this form and the statements on this form are true and complete

AND

I have met with the applicant face-to-face for at least 1 hour per week, for hours reported above.

(Print/type) SUPERVISOR Name and Title

Date Signed : _____

Signature

Telephone Number: _____

AGENCY/INSTITUTION

STREET ADDRESS

CITY STATE ZIP

Mail to: Licensure Unit
 PO Box 94986 - Lincoln, NE 68509-4986
 FAX to: 402-742-1106
 Email: DHHS.licensure2117@nebraska.gov

**Independent Mental Health Practitioner
 AFFIDAVIT OF SUPERVISED EXPERIENCE**

Supervisor must complete this form

DO NOT USE WHITE OUT OR ALTER THIS FORM

SECTION A: SUPERVISOR INFORMATION

| | | | | |
|---|--|--|---------|-------|
| 1 | Supervisor's Name: | First: | Middle: | Last: |
| 2 | Address Information | Street/PO/Route: | | |
| | | City: | State: | Zip: |
| 3 | Indicate the Type of License you hold: | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist <input type="checkbox"/> Independent Mental Health Practitioner | | |
| | | License # _____ Date it was Issued to you: _____ | | |
| 4 | Name of person you supervised: | First: | Last: | |

SECTION B: SUPERVISED EXPERIENCE

OPTION 1 or OPTION 2: If the applicant is applying under either Option 1 or 2, provide the following information:

The applicant's total experience must have been obtained under supervision by a licensed physician, licensed psychologist, or licensed independent mental health practitioner.

I supervised the applicant **for at least 3,000 hours** (or more) of mental health practice experience (regardless of whether it was direct or non-direct hours), **including at least 1,500 hours** (or more) of experience with clients diagnosed under the major mental illness or disorder category.

Starting 7.12.2021, supervision must include:

- (A) A review of the diagnostic criteria for clients diagnosed with major mental disorders;
- (B) Evaluative face-to-face contact with a minimum cumulative ratio of 2 hours of face-to-face contact between the supervisee and a qualified supervisor per 15 hours of contact with clients diagnosed with major mental disorders, no more than 45 hours may be accumulated without such supervision. Face to face supervision may include interactive visual imaging assisted communication which is secure and confidential;
- (C) Supervised experience, which is not considered direct client contact, includes, but is not limited to, review of client records, case conferences, direct observation, or video observation; and
- (D) A licensed mental health practitioner seeking licensure as a licensed independent mental health practitioner must receive supervision of all direct client contact where the licensee is providing services to clients with major mental disorders. This supervision must last until the person receives the credential qualifying him or her for independent practice, not just during the period of time in which the specified number of hours is obtained.

OR

I supervised the applicant for **less than 3,000 hours**.

_____ List the total number qualifying mental health practice hours you supervised this applicant

_____ How many of those hours included experience with clients diagnosed under the major mental illness/disorder category

Supervisor Signature for OPTION 1 or 2: I state that I am the supervisor completing this form and the statements are true and complete.

The hours listed above were earned under MY supervision: From _____ to _____
 (month/day/year) (month/day/year)

City/State where Experience was completed: _____

 (Print/type) Name of Supervisor Signature: _____ Date Signed: _____

OPTION 3: If the applicant is applying under this option, provide the following information:

The applicant's total experience must have been obtained in **10 years** or more and have been **supervised** by a licensed physician, a licensed psychologist, or a licensed independent mental health practitioner.

I supervised the applicant **for a total of at least 7,000** hours of mental health practice (regardless of whether it was direct or non-direct hours) and of these hours **at least 3,500 hours included experience with clients diagnosed** under the major mental illness or disorder category.

Starting 7.12.2021, supervision must include:

- (A) A review of the diagnostic criteria for clients diagnosed with major mental disorders;
- (B) Evaluative face-to-face contact with a minimum cumulative ratio of 2 hours of face-to-face contact between the supervisee and a qualified supervisor per 15 hours of contact with clients diagnosed with major mental disorders, no more than 45 hours may be accumulated without such supervision. Face to face supervision may include interactive visual imaging assisted communication which is secure and confidential;
- (C) Supervised experience, which is not considered direct client contact, includes, but is not limited to, review of client records, case conferences, direct observation, or video observation; and
- (D) A licensed mental health practitioner seeking licensure as a licensed independent mental health practitioner must receive supervision of all direct client contact where the licensee is providing services to clients with major mental disorders. This supervision must last until the person receives the credential qualifying him or her for independent practice, not just during the period of time in which the specified number of hours is obtained.

OR

I supervised the applicant for **less than 7,000** hours.

_____ List the total number of qualifying mental health practice hours you supervised this applicant

_____ How many of those hours included experience with clients diagnosed under the major mental illness/disorder category

Supervisor Signature for OPTION 3: I state that I am the supervisor completing this form and the statements are true and complete.

The hours listed above were earned under MY supervision: From _____ to _____.
(month/day/year) (month/day/year)

City/State where Experience was completed: _____

(Print/type) Name of Supervisor Signature: _____ Date Signed: _____

**MARRIAGE AND FAMILY THERAPY
 POST-MASTER'S SUPERVISED EXPERIENCE VERIFICATION**

Licensure Unit

P. O. Box 94986 - LINCOLN, NE 68509-4986
 (402) 471-2117
 Email: dhhs.licensure2117@nebraska.gov

Supervisors must complete this Attachment. Each supervisor **MUST** sign and date this form to attest to the experience earned. **These hours MUST be earned after receipt of an approved masters' degree.**

WHITE OUT IS NOT ACCEPTABLE:

Changes to information entered onto this form are not acceptable unless the supervisor initials the changed information.

Name of Supervisor: _____ License #: _____

Name of Applicant: _____

Supervisor place a checkmark in the box by the license(s) you hold:

Licensed Mental Health Practitioner Licensed Independent Mental Health Practitioner Psychologist Physician

The supervisor must hold a designation of approved supervisor from an association which establishes standards for marriage and family therapy in conformity with accepted industry standards

OR

Marriage and Family Therapist who has practiced for 5 years and has completed, at a minimum, a 5 hour supervision course that is provided, endorsed, or approved by the American Association of Marriage and Family Therapy or an association which has substantially similar standards to those of the American Association of Marriage and Family Therapy, and has received supervision by an American Association of Marriage and Family Therapy approved supervisor at least 1 hour per month for at least one year after completion of the supervision course.

SUPERVISORS: List only the hours that you personally supervised the applicant - note direct and non-direct hours are reported separately. Supervision Requirements include:

At least 3,000 hours of supervised experience during the five years preceding application for certification. The 3,000 hours must include a minimum of 1,500 hours of direct client contact. During the course of completing the client-contact hours, there must be at least 100 hours of supervisor-supervisee contact hours with a qualified supervisor and supervision must be provided at least 1 hour per week or 2 hours every 2 weeks; and (B) Supervised experience, which is not considered direct client contact, includes, but is not limited to, review of client records, case conferences, direct observation, or video observation.

1. _____ Number of direct (face-to-face) client contact (clock) hours (when reporting partial hours, use .25 increments)

2. _____ Number of **non-direct** clock hours

3. _____ Total number of clock hours of marriage and family therapy performed under my supervision.

4. List the dates the above hours of supervised marriage and family therapy **was completed (provide FULL dates)** under supervision within 5-years of this application.

Dates from _____ through _____
 (month/day/year) (month/day/year)

Supervisor's Signature

I state that I am the person completing this form and the statements on this form are true and complete **AND** that I have supervised the hours reported above including at least 100 hours of supervisor-supervisee contact hours with me and supervision included at least 1 hour per week or 2 hours every 2 weeks.

 (Print/type) SUPERVISOR Name and Title

Date Signed : _____

 Signature

 AGENCY/INSTITUTION

 STREET ADDRESS

 CITY STATE ZIP

Licensure Unit

P. O. Box 94986 - LINCOLN, NE 68509-4986
(402) 471-2117

Email: dhhs.licensure2117@nebraska.gov

**MASTER SOCIAL WORKER
POST-MASTER'S SUPERVISED EXPERIENCE VERIFICATION**

Supervisors must complete this Attachment. Each supervisor **MUST** sign and date this form to attest to the experience earned. **These hours MUST be earned after receipt of an approved masters' degree and under the supervision of a Certified Master Social Worker.**

WHITE OUT IS NOT ACCEPTABLE:

Changes to information entered onto this form are not acceptable unless the supervisor initials the changed information.

PART I - SUPERVISOR INFORMATION:

Name of Supervisor: _____ CMSW #: _____

Name of Applicant: _____

| | |
|---|-------------------------|
| If hours are earned in another state, identify the credential you hold: | Name of Credential: |
| | License/Certificate No: |

PART II – MASTER SOCIAL WORK EXPERIENCE:

Supervision must be provided under a licensed independent clinical social worker or licensed clinical social.

SUPERVISORS: List only the hours that you personally supervised (when reporting partial hours, use .25 increments)

1. Total number of clock hours of social work activities under my supervision: _____
(total clock hours)

2. Dates the above hours were completed under my supervision (**provide FULL dates**): from _____ to _____
(month/day/year) (month/day/year)

MSW Activities include:

1. Information, resource identification and development, and referral services
2. Preparation & evaluation of psychosocial assessments & development of social work service plans
3. Case management, coordination, and monitoring of social work service plans in the areas of personal, social, or economic resources, conditions, or problems
4. Development, implementation, and evaluation of social work programs and policies
5. Supportive contacts to assist individuals and groups with personal adjustment to crisis, transition, economic change, or a personal or family member's health condition
6. Social casework for and prevention of psychosocial dysfunction, disability, or impairment
7. Social work research, consultation, and education

Supervisor's Signature

I state that I am the person completing this form and the statements on this form are true and complete
AND I have supervised the hours reported above.

(Print/type) SUPERVISOR Name and Title

Signature

AGENCY/INSTITUTION

STREET ADDRESS

Date Signed : _____

CITY STATE ZIP