

## 5-year Reciprocity Application Information

Independent Mental Health Practitioner (LIMHP)

Mental Health Practitioner (LMHP)

Marriage and Family Therapist (CMFT)

Professional Counselor (CPC)

Master Social Worker (CMSW)

**Master degree or above required**

**5-Year Reciprocity:** If you hold a license in another state in the same or similar license type that you are applying for in Nebraska (not as a provisional or in-training to achieve the license), and practice under this license for at least 5 years following issuance of the license, review the following information:

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

1. **Independent Mental Health Practitioner (LIMHP)** (the license you hold in another state **MUST ALLOW** you to diagnose major mental illnesses or disorders)
2. **Mental Health Practitioner (LMHP)** (cannot diagnose major mental illnesses or disorders)

**Certificates:** Nebraska offers additional certificates in social work, professional counseling and marriage and family therapy. **You must hold an LIMHP or LMHP in Nebraska to add a certification.** The term 'social worker (CMSW)' 'certified professional counselor (CPC)' and 'certified marriage and family therapist (CMFT)' **is title protected**, which means, if you WISH TO USE ANY OF THESE TITLES, you must also obtain the applicable certification(s).

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](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.

**EFFECTIVE 7.21.2022: Criminal Background Check required for LIMHP:**

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.

**Examination:** You must also pass the appropriate on-line Nebraska jurisprudence examination, see below:

- Mental Health Practice: <https://www.proprofs.com/quiz-school/story.php?title=nebraska-mental-health-jurisprudence-examinationru>
- Master Social Work (if only applying for a CMSW): <https://www.proprofs.com/quiz-school/story.php?title=nebraska-social-work-jurisprudence-examinationsj>

**Information for Military Spouses:**

**Temporary License:** If you have an **active independent mental health practice credential (or similar license)** in another state and you are a military spouse, you may be issued a temporary license pending completion of the permanent licensing requirements. A temporary license for military spouses is available under Neb. Rev. Stat. §38-129.01 and is issued for a period not to exceed 1-year. Please review the following documents required to obtain a temporary license and those listed for a license to determine which process is right for you.

To apply for this temporary license, you must submit the following:

- The permanent license fee and attached application (completed);
- A copy of your military dependent identification card identifying you as the spouse of an active duty member of the United States Armed Forces;
- A copy of your spouse's military orders reflecting an active-duty assignment in Nebraska;
- A copy of your independent mental health practice or mental health practice license (or similar licensed) from another state or jurisdiction; and
- A copy of the statutes, rules, and regulations governing the license from the other state or jurisdiction which provides the standards that are similar to Nebraska's independent mental health practice requirements.

**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.

## 5-year Reciprocity Application Information

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

**Application Processing:** You must submit your application with the fee (see page 1 of the application for fees). 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.

### **Contact Information:**

Licensure Unit  
301 Centennial Mall South (14<sup>th</sup> and M st)  
P.O. Box 94986  
Lincoln, Nebraska 68509-4986  
Telephone: 402-471-2117 E-Mail: [dhhs.licensure2117@nebraska.gov](mailto: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: 'Appointment Type', 'Appointment Details', and 'Other Details'. Each section has a dropdown menu and a 'Required' label. The 'Appointment Type' dropdown is set to 'Name Check with Fingerprints (Nebraska Only)'. Below it is a note: 'Note: This appointment type should not be selected for licensing, applications or credentials.' The 'Appointment Details' dropdown is set to 'Fingerprint-based Criminal History'. Below it is a note: 'If only a Criminal History Request is required, and not fingerprints, you can do this online or by mail.' The 'Other Details' dropdown is set to '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](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.

<b>Offices of the Nebraska State Patrol and the Days/Hours that Fingerprinting is Conducted</b>	
Troop A 4411 S 108th ST <b>Omaha NE 68137</b> Phone: 402-331-3333	Monday- Friday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop B 1401 Eisenhower AVE <b>Norfolk NE 68701</b> Phone: 402-370-3456	Monday – Thursday 8:30 a.m. to 4:00 p.m. (appointment required)
Troop C 3431 Old Potash Highway <b>Grand Island NE 68801</b> 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 <b>North Platte NE 69103</b> Phone: 308-535-6604	Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop E 4500 Avenue I <b>Scottsbluff NE 69361</b> 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 <b>Lincoln NE 68521</b> 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>.

**5-year RECIPROCITY APPLICATION (Licensed in another State)**

**LICENSED INDEPENDENT MENTAL HEALTH PRACTITIONER and/or MENTAL HEALTH PRACTITIONER  
CERTIFICATION AS A MARRIAGE AND FAMILY THERAPIST, PROFESSIONAL COUNSELOR, and/or MASTER SOCIAL WORKER**

Enter your <b>LEGAL NAME</b> 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.)			

<b>APPLICANT DEMOGRAPHICS</b>
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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"/>		
Social Security Number (SSN):			
<p><b>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.</b></p>			
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"/> Mobile		
<input type="checkbox"/> Check box if # Outside U.S.	<input type="checkbox"/> Work	Ext:	
Secondary Phone Number:	<input type="checkbox"/> Mobile		
<input type="checkbox"/> Check box if # Outside U.S.	<input type="checkbox"/> Work	Ext:	
E-Mail Address:			
Are you the spouse of a member of the United States Armed Forces who has an active-duty assignment in Nebraska?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, are you applying for a temporary license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



**US CITIZENSHIP/LAWFUL PRESENCE** (must be at **least 19** years old). **You must submit evidence of:**

(A Driver's License is NOT acceptable)

- **US Citizenship**
  - Birth Certificate (Hospital issued keepsake birth certificates is not acceptable)
  - U.S. Passport (unexpired or expired)
  - Certificate of Naturalization
  - Other documents that show U.S. Citizenship
- **NOT a U.S. Citizen**
  - I-551: Permanent Resident Card (Green Card)
  - Form I-94 (Arrival-Departure Record)
  - Form I-94 (Arrival-Departure Record) and Unexpired Foreign Passport
  - I-766: Employment Authorization Card
  - Machine Readable Immigrant Visa
  - I-20: Certificate of Eligibility for Nonimmigrant (F-1) Student Status
  - DS2019: Certificate of Eligibility for Exchange Visitor (J-1) Status
  - Temporary I-551 Stamp on Passport or I-94
  - I-327: Reentry Permit
  - I-571: Refugee Travel Document
  - Other

**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.

**APPLICATION FEES**

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

**License:**

- Independent Mental Health Practitioner (LIMHP)  
 Mental Health Practice License (LMHP)

<b>License Fees:</b> (unless you qualify for a waiver)	<p><u>If applying for <b>ONLY 1 license</b> (either the LIMHP OR LMHP):</u>                  \$155 (\$38.75 if applying March-August Even # Year)</p> <p><u>If applying for <b>BOTH the LIMHP &amp; LMHP license:</b></u>                  \$205 (\$63.75 if applying March-August Even # Year)</p>
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**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"/>	<b>Master Social Work Certification Only (NOT requesting a MHP or Independent MHP License)</b> 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 <b>ONLY</b> provide social work activities. A description of Social work activities can be found at: <a href="https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-094.pdf">https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-094.pdf</a>		\$125 \$31.25 (if applying March-August Even # Year)

Pay by check or money order to: **Licensure Unit**

Payment is processed upon receipt. Debit or credit card is not accepted.

**Fee Waivers**

**LICENSE FEE WAIVER:** If the applicant meets one of the following options, the initial license fee is waived.

- 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.

**CONVICTIONS**

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

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

**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**

These 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:

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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:	
	Type of License:		State Licensed:	
<b>If YES,</b> 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.

To apply based on 5-years of practice, you must have been in active practice after licensure in the other State, Territory or District of Columbia, in the same or similar license type that you are applying for in Nebraska (not as a provisional or in-training to achieve the license), for at least 5 years following initial licensure and must pass the Nebraska jurisprudence examination.

**ACTIVE PRACTICE:**

List below the location, address, and dates actively engaged in the practice of mental health whereby you were able to independently diagnose major mental disorders.

Name of Business	Address	Dates

**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><b><u>If applying for a Mental Health Practitioner:</u></b></p> <p><input type="checkbox"/> <b>No. I <u>have NOT</u></b> practiced mental health in Nebraska without a credential before submitting this application?</p> <p><input type="checkbox"/> <b>Yes. I <u>have</u></b> practiced mental health in Nebraska without a credential before submitting the application?</p>								
2	<p><b><u>If applying for an Independent Mental Health Practitioner:</u></b></p> <p><input type="checkbox"/> <b>No. I <u>have NOT</u></b> provided independent mental health services in Nebraska without a credential or without supervision before submitting this application?</p> <p><input type="checkbox"/> <b>Yes. I <u>have</u></b> provided independent mental health services in Nebraska without a credential or without supervision before submitting the application?</p>								
3	<p><b><u>If applying for a Social Work, Marriage and Family Therapy, Professional Counseling Certificate:</u></b></p> <p><input type="checkbox"/> <b>No. I <u>have NOT</u></b> 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"/> <b>Yes. I <u>have</u></b> 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 <b>YES</b> 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 border="1" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td>Number of days:</td> </tr> <tr> <td></td> <td>Name of Business:</td> </tr> <tr> <td></td> <td>City:</td> </tr> <tr> <td></td> <td>Telephone #:</td> </tr> </table>			Number of days:		Name of Business:		City:		Telephone #:
	Number of days:								
	Name of Business:								
	City:								
	Telephone #:								

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: \_\_\_\_\_