

Examination Information

Independent Mental Health Practitioner, Mental Health Practitioner,
Marriage and Family Therapy, Professional Counseling, and Social Work

For an applicant who is not authorized to take the examination through his or educational institution, the applicant must apply for approval through the Licensure Unit and must have received a master's, doctorate or equivalent degree from an approved program as set out in 172 NAC 94-007.

The following provides information relating to the examination process. If you have further questions, please contact the Licensure Unit at 402-471-2117 or by email at dhhs.licensure2117@nebraska.gov

Application:

If you **DO NOT** currently hold a Nebraska provisional license, you must submit an official copy of your transcript as part of the examination approval request process.

Transcript: An official transcript verifying receipt of your masters or doctorate degree, which the degree focus is primarily therapeutic mental health. This transcript may be submitted with your application in a sealed envelope, directly by your school/college via paper, or by an electronic transcript service to dhhs.licensure2117@nebraska.gov

If you **DO hold** or have held a Nebraska provisional license, the application to take the examination provides information relating to 3 different examination types, and is dependent on the degree you have received.

1. **Marriage and Family Therapy Examination (MFT Degree):** If the applicant's degree is in marriage and family therapy or its equivalent, the applicant must pass the Association of Marital and Family Therapy Regulatory Boards examination (AMFTRB).
2. **National Counselor Examination (Masters in Counseling or Related Degree):** If the applicant's degree is a mental health related counseling degree, the applicant must pass: (1) The National Board of Certified Counselor's National Counselor Examination (NBCC/NCE); OR (2) The National Board of Certified Counselor's National Clinical Mental Health Counselor Examination (NBCC/NCMHCE).
3. **Social Work Examination (MSW Degree):** If the applicant's degree is in social work or its equivalent, the applicant must pass the Association of Social Work Boards Clinical examination (ASWB).

If applying for only the master social work certificate (and not the LIMHP or LMHP), the applicant must pass the Advanced Generalist Examination, Master Examination, or Clinical Examination.

Step 1: Complete and submit the attached Application to Take the Examination. This completed application can be FAXED to: 402-742-1106 or e-mailed to dhhs.licensure2117@nebraska.gov

Step 2: Once your completed application is received in our office, we will process your examination authorization letter, which you should receive (via email) in about 30 business days.

The authorization letter will provide you with instructions on the second part of the registration process, which you must complete through the specified testing service portal.

Testing Accommodations: Attachment 1 is required if you're requesting testing accommodations relating to a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing. If requesting accommodations for an ASWB Examination, you must complete the ASWB accommodation application. You may access their form by conducting an Internet search for: aswb.org or call them at: (800) 225-6880

Scores: After testing, scores will be available to you at the test site for most examinations. Individuals who successfully pass the examination, will not receive additional confirmation of their passing score from our office. Individuals who do not pass the examination, may re-register by following the same registration process again. Most testing services require a 90-day wait, before retesting. There is no limit on the number of times an individual may test.

**APPLICATION TO TAKE THE EXAMINATION
 Independent Mental Health Practitioner, Mental Health
 Practitioner, Marriage and Family Therapy,
 Professional Counselor, or Social Work**

(Print or Type)

APPLICANT DEMOGRAPHICS					
1	Name:	First:	Middle:	Last:	
2	PO/Street/Route:				
	City:	State:	Zip:		
3	Date of Birth:	Place of Birth:			
4	Telephone #:	E-Mail Address:			
5	Enter your SSN or A#/I-94:	Social Security Number (SSN)			
		Alien Registration Number ("A# or I-94")			
<p><small><u>Neb. Rev. Stat. §§38-123 and 38-130</u> 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.</small></p>					

If requesting accommodations, complete, (Attachment 1). This form must be submitted to our office prior to receiving authorization to test. If for ASWB exam, you must complete their form. Search internet for: aswb.org

EXAMINATION CATEGORY
<p>Check the appropriate examination you wish to take. An individual whose degree makes him/her 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 examination their degree qualifies them for. An applicant who does <u>not</u> meet the educational background for one of the certifications previously listed, must take the NBCC/NCE or the NBCC/NCMHCE.</p>

<p>1. <input type="checkbox"/> Marriage and Family Therapy Examination (MFT Degree): Association of Marital and Family Therapy Regulatory Boards (AMFTRB)</p>

<p>2. <input type="checkbox"/> National Counselor Examination (Masters in Counseling or Related Degree): <input type="checkbox"/> National Counselor Examination (NCE) <input type="checkbox"/> National Clinical Mental Health Counselor Examination (NCMHCE)</p>

<p>3. <input type="checkbox"/> Social Work Examination (MSW Degree): Association of Social Work Boards (ASWB)</p> <p><u>If applying for LMHP/LIMHP and you hold a MSW degree, the clinical category must be taken</u></p> <p><input type="checkbox"/> Clinical Category</p> <p><u>If applying ONLY for CMSW and NOT LMHP/LIMHP</u></p> <p><input type="checkbox"/> Advanced Category <input type="checkbox"/> Master's Category</p> <p style="color: red;">For purposes of registering for the Social Work examination, you must print your name on the line below exactly as it appears on your current government-issued photo I.D.</p> <p>Name: _____</p>

ATTESTATION

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: _____

All examinations are administered via computerized testing at a specified testing center.

Please submit this completed application to our office. In **approximately 30 working days** you will receive the appropriate 'approval to register on the examination portal letter' from our office. You will then follow the instructions provided to complete your examination registration process.

DO NOT SUBMIT EXAMINATION FEES TO THIS OFFICE.

CONFIDENTIAL INFORMATION

Department of Health and Human Services
Division of Public Health – Licensure Unit
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
(402)471-2117 dhhs.licensure2117@nebraska.gov

**ACCOMMODATION REQUEST FORM
MENTAL HEALTH PRACTITIONER EXAMINATION (LIMHP/LMHP or CMSW)**

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered a confidential record and will not be shared with any outside source without your express written permission, unless release is ordered by a court of competent jurisdiction, or otherwise authorized by law.

Applicant Name	First:	MI:	Last:
ADDRESS	Street/PO/Route:		
	City:	State:	Zip:
Name of Examination			
Telephone No		Date of Examination	
Specify Disability			

(Check all that apply)

- Accessible Testing Site
- Braille
- Large print
- Tape
- Reader as accommodation for visual impairment
- Scribe/amanuensis as accommodation for visual or motor impairment
- Reader as accommodation for learning disability
- Scribe/amanuensis as accommodation for learning disability
- Sign Language Interpreter
- Extended Time
 - Time-and-a-half
 - Double time
 - More than double time (specify): _____
- Separate testing area
- Use of computer or other adaptive equipment (specify): _____
- Other (specify): _____

Comments: _____

Signed: _____

Date: _____

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known _____ since _____
(test applicant) (date)

in my capacity as a _____
(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

- Accessible Testing Site
- Braille
- Large print
- Tape
- Reader as accommodation for visual impairment
- Scribe/amanuensis as accommodation for visual or motor impairment
- Reader as accommodation for learning disability
- Scribe/amanuensis as accommodation for learning disability
- Sign Language Interpreter
- Extended Time
 - Time-and-a-half
 - Double time
 - More than double time (specify): _____
- Separate testing area
- Use of computer or other adaptive equipment (specify): _____
- Other (specify): _____

Comments: _____

Date: _____

Signature: _____

Printed Name: _____

Title: _____

License # (if applicable): _____