

**Information for Military Spouses:**

**Temporary License:** If you have an active Alcohol and Drug Counseling license in another state and you are a military spouse, you may be issued a temporary license pending completion of the permanent license requirements. A temporary license specifically 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 permanent license to determine which process is right for you.

To apply for this temporary license, you need **to be a resident of Nebraska** and submit the following:

- The attached application
- 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 alcohol and drug counseling license from another state or jurisdiction
- A copy of the statutes, rules, and regulations governing your license which indicate standards that are similar to Nebraska's alcohol and drug counseling licensing requirements.
- License application Fee (unless you qualified for a fee waiver).

**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 or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

**LICENSE FEE WAIVER:**

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

1. **Young Worker:** You are 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.

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

**PERMANENT LICENSE IN NEBRASKA - REQUIREMENTS AND PROCESS**

**IC&RC Applicants:**

LADC licensure via reciprocity is available to those who hold a valid verified reciprocal level credential from a member jurisdiction of the IC&RC/OADA, Inc. or it’s successor. (For additional information regarding member jurisdictions view the following web site <https://internationalcredentialing.org/reciprocity> )

1. Hold a valid reciprocal level credential from a member jurisdiction of the IC&RC/AODA, Inc. or its successor. The member jurisdiction and the Department must currently hold membership in the IC&RC/AODA, Inc. or its successor for a reciprocity request to be considered.
2. Must be at least 19 years old, of good character and lawfully present in the U.S.
3. Have signed an attestation indicating that you have read and agree to be bound by the Code of Ethics for alcohol and drug counselor licensure and the Grounds for Discipline for alcohol and drug counselor licensure as set out in 172 NAC 15.

**Non-IC&RC applicants:**

1. Holds a license or certification that is current in another jurisdiction that authorizes the applicant to provide alcohol and drug counseling;
2. Has at least two hundred seventy hours of alcohol and drug counseling education;
3. Has at least three years of full-time alcohol and drug counseling practice following initial licensure or certification in the other jurisdiction; and
4. Has passed an alcohol and drug counseling examination.
5. Must be at least 19 years old, of good character and lawfully present in the U.S.
6. Have signed an attestation indicating that you have read and agree to be bound by the Code of Ethics for alcohol and drug counselor licensure and the Grounds for Discipline for alcohol and drug counselor licensure as set out in 172 NAC 15.

**Checklist of Required Documents:** Use the following checklist to help organize your application; **you must submit:**

1.  **Other State License Information:**

**IC&RC applicants:** You must request documentation from the IC&RC/AODA, Inc. member jurisdiction that you hold a valid reciprocal alcohol and drug credential in that jurisdiction and you are entitled to its endorsement.

**Non-IC&RC applicants:** You must contact the state(s) in which you hold a current alcohol and drug counseling license and submit a certification of that license.

**All applicants:** You must contact the states in which you are licensed or have held a license in any profession and request the State Office submit a certification of your license to our office.

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

2.  **US Citizenship/Lawful Presence** (must be at **least 19** years old):

**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.

**A Driver’s License is NOT acceptable.**

**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.

3.  **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; 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/felony convictions.

**If you have convictions, you must submit:**

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

If you had an alcohol and drug evaluation and/or completed treatment, to assist the Board and Department in review of any drug and/or alcohol conviction(s), the treatment provider must submit all evaluations/discharge summaries directly to the Department.

The following provides <b>SOME</b> examples of convictions; this is <b>NOT</b> a complete list	
<ul style="list-style-type: none"> <li>• MIP/ Tobacco Use by Minor</li> <li>• DUI / DWI / Open Container</li> <li>• Controlled Substance</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>• Fail to Appear in Court</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• False Information or Reporting</li> <li>• Reckless Driving / 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.

4.  **The License Fee.** See the license application for a listing of fees.  
**Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.**

**Application Review:** All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required 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.
- If your application **is complete**, you will receive **by e-mail** your license number.

**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.

**RECIPROCITY  
 ALCOHOL AND DRUG COUNSELOR (LADC)  
 Application**

Mail this application to the address listed above.

**You must complete all sections of this application**

**FEE:**

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

**Young Worker:** I am under 26 years old.

**Low-income Individual:**

I am 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, OR

My household adjusted gross income is below 130% of the federal income poverty guideline.

**Military Family:** I am 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.

**B. Fee Required if YOU DO NOT qualify for one of the above fee waivers you must pay the fee listed in the chart below.**

**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.

The fee you must pay for your license is based on the month and year in which your license will be issued.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
<b>Even Numbered Year</b>	\$175	\$175	\$43.75	\$43.75	\$43.75	\$43.75	\$43.75	\$43.75	\$175	\$175	\$175	\$175
<b>Odd Numbered Year</b>	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175

*Licenses expire September 1 of even-numbered years*

**SECTION A: PERSONAL INFORMATION**

1	You must print your <b>Legal Name</b> below		
	First:	Middle:	Last Name:
	List any other names, you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate		
2	Address:	Street/PO/Route:	
		City:	State or Country: Zip:
3	Social Security Number (SSN):		
4	If you ARE NOT a U.S. Citizen, list your Alien Registration # or I-94 #:	<input type="checkbox"/> A#: <input type="checkbox"/> I-94 #	

**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.

5	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):
6	Phone #:	Additional Phone #: (optional)*
	E-Mail Address:	
7	Have you ever been denied the right to take a license examination in any State?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:
8	<b>Military Spouse:</b> Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in in Nebraska?	Yes <input type="checkbox"/> No <input type="checkbox"/> If checked yes and you are applying for a temporary license, you must include all documentation identified in the instructions.

**SECTION B: CONVICTION AND LICENSE INFORMATION**  
 Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

**CONVICTION INFORMATION:** You must list ALL misdemeanor or felony convictions (regardless of when they occurred or whether you previously listed them on a prior application); 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.

1	Have you <b>EVER</b> been convicted of a misdemeanor or felony?	Type of Crime	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

- The following provides SOME examples of convictions; this is NOT 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> |
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**LICENSE INFORMATION:** The following questions relate to a license that you currently hold or have held to provide health related services (such as nursing, EMT, counselor, etc.) in a state other than Nebraska.

You must contact that state and request a verification of your license or send a copy of your license from their electronic look-up site (**do not send a copy of your license**).

2	Do you hold or have you held a license in any other state(s)?	If yes, what state(s)?	What type of license?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	<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"/>				

**IC&RC APPLICANTS**

**If you are applying based on an IC&RC member jurisdiction, you must request documentation from the IC&RC/AODA, Inc. member jurisdiction that you hold a valid reciprocal credential in that jurisdiction and is entitled to its endorsement.**

**SECTION C: NON-IC&RC APPLICANTS**  
 If you **DO NOT** hold a valid verified reciprocal level credential from a member jurisdiction of the IC&RC/OADA, Inc., complete this section.

1	<b>Education:</b> Did you complete at least 270 hours of alcohol and drug counseling education?  <i>Include an official copy of the education.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**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.

2	<b>Examination:</b> Have you passed an alcohol and drug counseling examination?  <i>Include an official copy of the examination results.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	<b>Practice:</b> Do you have at least 3 years of full-time alcohol and drug counseling practice following issuance of your license in the other state?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Practice	City	State	Date Began	Date Ended

**SECTION D: PRACTICE PRIOR TO LICENSE**

If you practice in Nebraska without a Nebraska license, you are 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.

1	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Have you</b> practiced Alcohol and Drug Counseling in Nebraska without out a license before submitting the application?
If yes, what are the actual number of days you practiced in Nebraska without a license and what is the business name, location and telephone number of the practice:	Number of days: _____ Name of Business: _____ City: _____ Telephone #: _____

**SECTION E: 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:**

1. I have read the application or have had the application read to me;
2. I am of good character and all statements on this application are true and complete; and
3. I have read and agree to be bound by the Code of Ethics for alcohol and drug counselor licensure and the Grounds for Discipline for alcohol and drug counselor licensure found in 172 NAC 15 here: <https://rules.nebraska.gov/rule?agencyId=37&titleId=101>

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_