

## Provisional Mental Health Practitioner and Provisional Master Social Worker

**PLMHP:** You will need a license as a provisional mental health practitioner in order to earn 3,000 hours of supervised post-masters experience in mental health practice **in Nebraska** (to obtain a full license as a MHP or LIMHP) and to provide 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.

**To obtain the PLMHP, you must:**

1. Have a masters/doctorate degree of which the course work and training leading to the degree was primarily therapeutic mental health in content (see section 007 of regulations) and included a practicum/internship (see section 002 of regulations). A practicum/internship completed after September 1, 1995 must include a minimum of 300 clock hours of direct client contact under supervision.
2. Be at least 19 years old and of good character.

You are NOT required to register your PLMHP supervisor with our office

**Supervised Experience to Obtain the LMHP:** If you will be seeking licensure as a LMHP, the following applies:

1. Be supervised by a Nebraska licensed mental health practitioner or independent mental health practitioner or psychologist or qualified physician when providing mental health services.
2. You must obtain at least 3,000 hours of MHP experience that includes a minimum of 1,500 direct (face-to-face) client contact hours.
3. You must meet face-to-face with your supervisor for at least 1 hour per week.

**Supervised Experience to Obtain the LIMHP:** If you will be seeking licensure as a LIMHP, the following applies:

1. Be supervised by a Nebraska licensed independent mental health practitioner or psychologist or qualified physician when providing mental health services.
2. You must obtain at least 3,000 hours of mental health experience that includes a minimum of 1,500 comprised of experience with clients diagnosed under the major mental illness or disorder category.
3. Supervision includes:  
(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.

**PCMSW:** If you **WISH to call yourself** a social worker (masters/doctorate), a certification as a provisional master social worker is required in order to obtain 3,000 hours of social work experience (to obtain a certificate as a MSW). **Supervision:** You must be supervised by a Nebraska CMSW.

**To obtain the PCMSW, you must:**

1. Have a masters or doctorate degree from an approved social work program.
2. Be at least 19 years old and of good character.

**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://dhhs.ne.gov/licensure/Documents/MentalHealthPracticeAct.pdf>

**License Fee Waiver:** If you meet one of the following waiver options, your initial 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/Documents/VeteransInfoBrochure.pdf>

**Checklist of Required Information:** Use the following checklist to help organize your application.

**NON-ENGLISH DOCUMENTS:** Documents written in a language other than English must include a complete English translation. The translation must be an original document with the translator's notarized signature. You cannot translate your own documents.

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

**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.

2.  **Fee: \$125** (unless you qualify for a fee waiver). Pay by check or money order (payment is processed upon receipt). **We are unable to accept electronic payments.** Fee payable to: Licensure Unit.

3.  **Education:**

**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](mailto:dhhs.licensure2117@nebraska.gov)

**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 the course.

**Effective 7.12.2023:** 60 hours will be Required if you apply for a PLMHP or LMHP and did not graduate from an Accredited program as listed below:

- 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 masters 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 (found on page 7). **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.

4.  **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) If the conviction(s) occurred in a state other than Nebraska, a copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition,;
- (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.

<b>The following provides <u>SOME</u> examples of convictions; this is NOT a complete list</b>	
<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.

5.  **Other Licensing Information:** If you hold or have held a credential to provide health related services in a state/jurisdiction **other than Nebraska**, you must submit verification of the license(s) even if that license is no longer current.  
**Disciplinary Action:** If you had any disciplinary action(s) taken against your credential, submit a copy of the discipline

**Application Processing:**

You can verify receipt and issuance of your application at the following web site: <https://www.nebraska.gov/LISSearch/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 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; after 5 years all documents will be destroyed. We encourage you to keep a copy of your application for your records.

**PROVISIONAL APPLICATION**  
**Licensed Mental Health Practitioner**  
**Certified Master Social Worker**

(Must be earning post-masters experience in Nebraska to qualify)

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"/>		
Social Security Number (SSN):			
<p><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.</p>			
Date of Birth:			
Place of Birth (City/State or Country):			
Primary Phone Number:	<input type="checkbox"/> Mobile <input type="checkbox"/> Work		
<input type="checkbox"/> Check box if # Outside U.S.		Ext:	
Secondary Phone Number:	<input type="checkbox"/> Mobile <input type="checkbox"/> Work		
<input type="checkbox"/> Check box if # Outside U.S.		Ext:	
E-Mail Address:			

**APPLICATION FEES**

**Check the appropriate application(s) below:**

**Provisionally Licensed Mental Health Practitioner (PLMHP)**

I also plan to earn experience for a Certificate in:

- Marriage and Family Therapy
- Professional Counseling
- Social Work

**Provisionally Certified Master Social Worker (PCMSW)**

(if you check **ONLY** this category (PCMSW), you may **NOT** provide mental health services)

**FEE: \$125**

**(unless you qualify for a fee waiver, see below)**

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

Your cancelled check is your proof of payment.

Payment is processed upon receipt.

We are unable to accept electronic payments.

***Licenses expire 5 years from date of issuance***

**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:	

If <b>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.



**EDUCATION**

**YOU MUST SUBMIT an official transcript verifying receipt of your masters or doctorate degree.** You may submit an Official paper transcript or request that your school **electronically submit directly the following e-mail address:** [dhhs.licensure2117@nebraska.gov](mailto:dhhs.licensure2117@nebraska.gov)

We do not accept copies of transcripts sent electronically to the applicant.

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

**Accreditation:** Check the applicable accreditation if you received a master’s or doctorate degree from one of the following:

<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

**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 Provisional 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>								
3	<p><b><u>If applying for a Provisional Master Social Worker Certificate:</u></b></p> <p><input type="checkbox"/> <b>No. I <u>have NOT</u></b> used the title Social Worker 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 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 #:								

**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: \_\_\_\_\_

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

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), in (city) (state).

SUPERVISED HOURS: Mental health practice means 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.

- 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 will be 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.

1. Counseling: 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.

2. Marriage and Family Therapy: Requesting Equivalency of a 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.

3. Social Work: 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

**COMPLETE THIS SECTION IF YOU GRADUATED FROM A PROGRAM THAT WAS NOT ACCREDITED AS LISTED BELOW:**

**SECTION F: MENTAL HEALTH PRACTICE COURSEWORK**

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

- 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:

1. 60 hours will be **Required if you apply for a PLMHP or LMHP on or after 7.12.2023**. If the master's degree is less than 60 semester hours, additional hours can be attained outside of the program to equal 60 semester hours. Any additional hours must be graduate hours and have a mental health focus to be considered as substantially equivalent.
2. Consist of course work and training which was primarily therapeutic mental health in content.
3. 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.**

(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 Page 7 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 Page 7 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

**6. SOCIAL AND CULTURAL DIVERSITY** (effective 7.12.2023, in addition to the above coursework, a minimum of 3 semester hours or 4.5 quarter hours in social and cultural diversity). **Required if you apply for a PLMHP or LMHP on or after 7.12.2023**

**Course Description:** Must focus on studies that provide an understanding of the cultural context of relationships, and issues and trends in a multicultural and diverse society. Social and cultural diversity may include multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally; attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities; individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups; counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body; theories of multicultural counseling, theories of identity development, and multicultural competencies.

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.

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**COMPLETE THIS SECTION IF YOU GRADUATED FROM A PROGRAM THAT WAS NOT COAMFTE ACCREDITED AND YOU WILL BE REQUESTING CERTIFICATION AS A MARRIAGE AND FAMILY THERAPIST:**

**SECTION G: MARRIAGE AND FAMILY THERAPY COURSEWORK**

**ACCREDITED COAMFTE PROGRAM:** If you graduated from a marriage and family therapy program that COAMFTE approved you ARE NOT required to complete the following coursework information.

**NON-ACCREDITED PROGRAM:** For related MFT programs or NON-COAMFTE programs, list the name of the course, the course number and the name of the institution in which the course was completed.  
***An official course description must be attached for each course listed.***

**1. MARRIAGE AND FAMILY STUDIES (9 semester or 13.5 quarter or a combination of these hours)**

**Course Definition:** Courses in this area should be a fundamental introduction to systems theory. The student should learn to understand family structures and functioning within the social systems framework (including environmental context) and regarding diverse range of presenting issues (i.e. gender, cultural, substance abuse). Topic areas may include: systems theory, family development, family subsystems, blended families, gender issues in families, cultural issues in families, etc.

This area must have a major focus from systems theory orientation and encompass the social systems orientation. Survey or overview courses in which systems in one of several theories covered is not appropriate. Courses in which systems theory is the overarching framework and other theories are studied in relations to systems theory are appropriate.

Course Name	Course #	College/University

**2. MARRIAGE AND FAMILY THERAPY (9 semester or 13.5 quarter or a combination of these hours)**

**Course Definition:** Courses in this area should have a major focus on family systems theory and systemic therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change, the applied practices evolving from each theoretical orientation, including diagnosis/assessment of individuals, couples and families. Major theoretical approaches might include: strategic, structural, object relations, cognitive behavioral, intergenerational, and integrative models of therapy with individuals, couples, and families.

Course Name	Course #	College/University

**3. HUMAN DEVELOPMENT (9 semester or 13.5 quarter or a combination of these hours)**

**Course Definition:** Courses in this area should provide knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant course work in human development across the life span, which includes special issues that affect an individual's development (i.e. culture, gender, and human sexuality). Topic areas may include human development, child/adolescent development, psychopathology, personality theory, human sexuality, etc. This material should be integrated with systems concepts. Test and measurement courses are not accepted toward this area.

Course Name	Course #	College/University

**4. PROFESSIONAL STUDIES (3 semester or 4.5 quarter or a combination of these hours)**

**Course Definition:** Courses in this area are intended to contribute to the professional development of the therapist. Areas of study should include the therapist's legal responsibilities and liabilities, professional ethics relevant to marriage and family issues, professional values and socialization, and the role of the professional organization, licensure or certification legislation, independent practice and interpersonal cooperation. Religious ethics courses and moral theology courses are not accepted toward this area.

Course Name	Course #	College/University

**5. RESEARCH (3 semester or 4.5 quarter or a combination of these hours)**

**Course Definition:** Courses in this area should assist students in understanding and performing research. Topic areas may include research methodology, quantitative methods and statistics. Individual personality and test and measurement courses are not accepted toward this area.

Course Name	Course #	College/University

**PRACTICUM (minimum 6 semester hours or 9 quarter hours, 300 hours of supervised direct client contact with individuals, couples and families, and of this 300 hours, no more than 150 hours may be with individuals)**

Course Name	Course #	College/University

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**COMPLETE THIS SECTION IF YOU GRADUATED FROM A PROGRAM THAT WAS NOT CACREP ACCREDITED AND YOU WILL BE REQUESTING LICENSURE AS AN INDEPENDENT MHP (LIMHP) AND/OR CERTIFICATION AS A PROFESSIONAL COUNSELOR:**

**SECTION H - PROFESSIONAL COUNSELOR COURSEWORK**

**ACCREDITED CACREP PROGRAM:**

If your program is accredited by CACREP, you **ARE NOT** required to complete the following coursework information.

**NON-ACCREDITED CACREP PROGRAM:** The following must be completed by applicants applying with a master's degree from a non-CACREP counseling related field offered by a regionally accredited higher educational institution.

List the name of the course, the course number and the name of the institution in which the course was completed  
***An official course description must be attached for each course listed.***

**COUNSELING THEORY (3 semester hours):** Course Definition: Includes a study of basic theories principles and techniques of counseling and their application to professional counseling settings.

Course Name	Course #	College/University

**SUPERVISED COUNSELING PRACTICUM: Course Definition:**  
**Mental Health Practice Applicants:** Refers to supervised counseling experience in a work/community based setting of at least one semester in duration for a minimum of 3 hours academic credit as part of a master's program component  
**Professional Counseling or Independent Mental Health Practice Applicants:** Must have completed 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.

Course Name	Course #	College/University

**1. HUMAN GROWTH AND DEVELOPMENT: Course Definition:** Includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels. Emphasis is placed on biopsychosocial approaches. Also included are such areas as human behavior (normal and abnormal), personality theory and learning theory.

Course Name	Course #	College/University

**2. SOCIAL AND CULTURAL FOUNDATIONS: Course Definition:** Includes studies of change, ethnic groups, subcultures, changing roles of women, sexism, urban and rural societies, population patterns cultural mores, use of leisure time and differing life patterns. Such disciplines as the behavioral sciences, economics and political science are involved.

Course Name	Course #	College/University



**3. HELPING RELATIONSHIP: Course Definition:** Includes philosophic bases of the helping relationship; consultation theory, practice, and application; and an emphasis on development of counselor and client (or consultee) self-awareness.

Course Name	Course #	College/University

**4. GROUP DYNAMICS, PROCESSING AND COUNSELING: Course Definition:** Includes theory and types of groups, as well as descriptions of group practices, methods, dynamics, and facilitative skills. This also includes supervised practice.

Course Name	Course #	College/University

**5. LIFESTYLE AND CAREER DEVELOPMENT: Course Definition:** Includes such areas as vocational choice theory, relationship between career choice and lifestyle, sources of occupational and educational information, approaches to career decision making processes and career exploration techniques.

Course Name	Course #	College/University

**6. APPRAISAL OF INDIVIDUALS: Course Definition:** Includes the development of framework for understanding the individual including methods of data gathering and interpretation, individual and group testing, case study approaches, and the study of individual differences. Ethnic, cultural and sex factors are also considered.

Course Name	Course #	College/University

**7. RESEARCH AND EVALUATION: Course Definition:** Includes such areas as statistics, research design and development of research and demonstration proposals. It includes understanding legislation relating to the development of research, program development and demonstration proposals, as well as the development and evaluation of program objectives.

Course Name	Course #	College/University

**8. PROFESSIONAL ORIENTATION: Course Definition:** Includes goals and objectives of professional organizations, codes of ethics legal considerations, standards of preparation, certification, licensing, and role identity of counselors and of other personal services specialists.

Course Name	Course #	College/University

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