

Certification Requirements:

1. Is a citizen of the United States or lawfully present in the US and at least 19 years old.
2. Has a bachelors or master's degree in social work from a program approved by the Council on Social Work Education.

Information for Military Spouses:

Temporary Certificate: If you have an active social work credential in another state and you are a military spouse, you may be issued a temporary registration pending completion of the permanent certificate requirements. A temporary certificate 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 certificate and those listed for a permanent certificate to determine which process is right for you.

To apply for this temporary certificate for military spouses, 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 social work credential from another state or jurisdiction
- A copy of the statutes, rules, and regulations governing the registration from the other state or jurisdiction which indicate standards that are similar to Nebraska's Social Work certificate requirements.
- The Permanent certification fee (unless you qualified for a fee waiver).

Certificate Fee Waiver:

Starting January 1, 2020, if you meet one of the following waiver options, your certificate 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 <http://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 <http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

To apply for a Certificate:

STEP 1: You must obtain copies of the following documents:

1. **Transcript - Official College/University Transcript:** This transcript may be submitted with the application in a sealed envelope from the school, sent directly by the school via paper or electronically by emailing **directly to the following e-mail:** DHHS.Licensure2117@nebraska.gov

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. **Other State Credentialing Information:** If you hold or have ever held a credential to provide health related services in a state/jurisdiction **other than Nebraska**, you must submit
- Certification of each credential you hold/held be submitted to our office from the State Licensing Board(s) (even if that credential is no longer current).
 - 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.

IF APPLYING BASED ON RECIPROCITY:

1-year Practice: Have been in the active and continuous practice of social work under a credential in another State, Territory or District of Columbia for at least 1 year **AND** have been actively engaged in the practice under such credential OR in an accepted residency or graduate training program for at least 1 of the 3-years immediately prior to the application for a Nebraska credential

OR

5-years Practice: You must have been in active practice in the appropriate discipline for at least 5 years following initial licensure in another State, Territory or District of Columbia and must pass the Nebraska jurisprudence examination.

AND

You must meet the requirements found at: <http://dhhs.ne.gov/licensure/pages/mental-health-and-social-work-practice.aspx>

- Statutes/Regulations:** A copy of the statutes and or regulations regulating your profession in the jurisdiction/state that you are reciprocity from to prove they are equivalent to those required in Nebraska. A copy of the requirements from the state in which you are reciprocating.

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

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

STEP 2: Submit your completed application to the Licensure Unit, including:	
<input type="checkbox"/> Completed Application <input type="checkbox"/> Citizenship or Lawful Presence Document <input type="checkbox"/> Education Documents <input type="checkbox"/> Conviction Records (if you have convictions)	<input type="checkbox"/> Certifications of your licenses or certificates <input type="checkbox"/> The Certificate Fee (unless you qualified for a fee waiver). See the certificate 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 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/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 within approximately 10 days advising you that your certificate 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 certificate 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.



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit

P.O. Box 94986, Lincoln, Nebraska 68509-4986

Phone: 402-471-2117 / FAX: 402-742-1106 / E-Mail: dhhs.licensure2117@nebraska.gov

APPLICATION FOR A CERTIFICATE AS A SOCIAL WORKER (CSW)

Mail this application to the address listed above.

You must complete all sections of this application**CERTIFICATE and FEES:** Check the method by which you are applying for a certificate.

- Initial Certificate
- Reciprocity (credentialed in another state)
- Temporary (only applies to Military Spouses) – no fee

A. Fee Waiver: If you meet one of the following fee waivers, your initial certificate 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.

Fee is based on month and year your certificate will be issued:

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Even	\$125	\$125	\$31.25	\$31.25	\$31.25	\$31.25	\$31.25	\$31.25	\$125	\$125	\$125	\$125
Odd	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125

All certificates expire 9/1 of even years**SECTION A: INFORMATION**

1	You must print your Legal Name 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):		

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.

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 #	
5	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):	
6	Phone #: (optional)*	Additional Phone #: (optional)*	
	E-Mail Address:		
* phone number and e-mail is optional, but providing this information will speed up communication with you			
7	Have you ever been denied the right to take a license or certification examination in any State?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain:
8	Military Spouse: 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 certificate, you must include all documentation identified in the instructions.

SECTION B: SOCIAL WORK DEGREE		
You must submit an official transcript showing receipt of your bachelors/master's degree.		
Name of College/University:		
Type of Degree Received:		Date of Degree:
Major:		

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.

SECTION C: CONVICTION, CREDENTIAL, AND PRACTICE 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 EVER 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"/>			

NOTE: If you have any criminal charges or credential disciplinary actions pending that result in a conviction or credential 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: <http://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

CREDENTIAL INFORMATION: The following questions relate to a license/certificate/registration that you currently **hold or have held** to provide health or environmental related services in a state/jurisdiction **other** than Nebraska.

2	What state(s) are/were you credentialed in?	What type of credential(s) do you hold or have you held?		
	You must provide a copy of the statutes and or regulations regulating to your profession in the other jurisdiction/state to prove they are equivalent to those required in Nebraska. This DOES NOT apply if basing application on 5 years of practice.			
3	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Licensure Action	Date of Action	Name of Entity Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If you have disciplinary charges pending or if your credential has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.			

PRACTICE, RESIDENCY OR GRADUATE PROGRAM:

You must have active and continuous practice under a credential in the State, Territory, or District of Columbia, for at least 1-year; AND have been actively engaged in the practice under such credential **OR** in an accepted residency or graduate training program for at least 1 of the 3 years immediately prior to this application **OR** have at least 5 years of social work practice in another jurisdiction.

4	ACTIVE PRACTICE: List below the location, address, and dates actively engaged in the practice of social work.		
	Facility	Address	Dates

OR

5	RESIDENCY OR GRADUATE PROGRAM: List the name of the facility or graduate program, address, and dates actively engaged in the practice of social work.		
	Facility or Graduate Program	Address	Dates

SECTION D: PRACTICE PRIOR TO CERTIFICATION	
An individual who represents himself/herself as a social worker prior to issuance of a certificate 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 social work practice.	
<input type="checkbox"/> No. I have NOT represented myself as a social worker in Nebraska without a Nebraska credential issued by the Licensure Unit. <input type="checkbox"/> Yes. I have represented myself as a social worker in Nebraska without a Nebraska credential issued by the Licensure Unit.	
If yes, what are the actual number of days you represented yourself as a social worker in Nebraska without a certificate issued by the Licensure Unit 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; and
2. I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

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