

# Alcohol and Drug Counseling Reinstatement Information

If your license was disciplined, please contact the Licensure Unit [DHHS.Licensure2117@nebraska.gov](mailto:DHHS.Licensure2117@nebraska.gov) for the appropriate application

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## To reinstate your license, you must:

1. Complete the attached application for reinstatement.
2. Have a valid Social Security #.
3. Be lawfully present in the U.S.
4. **Have already completed at least 40 hours** of continuing education within the previous 24 months of submitting this application.
  - **At least 20 hours of continuing education per biennial renewal period must be alcohol and drug specific.** (All 40 hours may be alcohol and drug specific.)
  - A licensee may earn **up to 20** hours of continuing education per biennial renewal period in activities that **may not** be alcohol and drug specific. To count for renewal, these hours **must be approved** by one of the following organizations: 1) American Counselors Association (ACA) or National Board for Certified Counselors (NBCC); 2) American Medical Association (AMA); Nebraska Medical Association (NMA); 3) American Nurses Credentialing Center's Commission on Accreditation; 4) American Psychological Association (APA); 5) National Association of Social Workers (NASW); 6) American Association of Marriage and Family Therapists (AAMFT); or 7) Nebraska Nurses Association (NNA).
5. Pay the renewal and reinstatement fees. (see page 1 of the application).

If you reinstate your license at this time, the expiration date will be September 1<sup>st</sup> of the even-numbered year; at least 30 days prior to the expiration date, you will be sent a renewal notice notification of the need to submit a completed renewal application, the renewal fee payment and evidence of 40 hours of continuing competency on or before the expiration date.

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## If you are NOT a U.S. Citizen, you must submit:

1. Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card.
2. Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa.
3. Employment Authorization Document (EAD) (unexpired) **AND** at one of the following documents under the Federal REAL ID Act:
  - 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;
  - A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence; or in the United States or conditional permanent resident status in the United States.
4. Other document that shows current immigration status

**NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

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## Practice After Expiration Date:

If you practiced after the expiration date of your license and prior to reinstatement, you are subject to an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations governing your profession (such as probation, limitation, censure, etc).

Additionally, if you committed any other violation of the statutes or regulations governing the practice, the Department may deny the application for reinstatement of the license or reinstate the license to active status and impose limitation(s) or other disciplinary actions on the license.

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## Questions:

If you have any questions regarding the procedure for reinstatement, please contact the Licensure Unit, at (402) 471-2117 or [DHHS.licensure2117@nebraska.gov](mailto:DHHS.licensure2117@nebraska.gov)

If your license is reinstated, you will receive an e-mail or mail notice so you can print your wallet card from our website:  
**TO PRINT YOUR WALLET CARD GO TO:** <http://www.nebraska.gov/LISSearch/search.cgi>



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit

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

Telephone #: 402-471-2117

Email DHHS.licensure2117@nebraska.gov

# ALCOHOL AND DRUG COUNSELING REINSTATEMENT APPLICATION

This section for Office Use Only

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

Date of License: \_\_\_\_\_

**FEE:** The fee due is listed by month and year.

Make payable by **check or money order** to "Licensure Unit"  
*We do not accept credit/debit card payment*

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$210	\$175	\$78.75	\$78.75	\$78.75	\$78.75	\$78.75	\$78.75	\$210	\$210	\$210	\$210
Odd Numbered Year	\$210	\$210	\$210	\$210	\$210	\$210	\$210	\$210	\$210	\$210	\$210	\$210

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

SECTION A: PERSONAL INFORMATION			
1	Legal Name:	First:	Middle/MI: Last:
For <b>name changes</b> , you must submit a copy of marriage certificate, divorce decree, court order, etc. If not submitted, the license will be issued in the name as printed above.			
2	Mailing Address:	Street/PO/Route:	
	<input type="checkbox"/> Check this box if NEW address	City:	State or Country: Zip:
3	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):	
4	Phone #:*	E-Mail Address*:	
NOTE: your phone number and e-mail are optional, but providing this information will speed up communication with you.			
5	License Number:		
To reinstate your license, you must have a valid Social Security Number			
6	Social Security Number (SSN):		
	If you also have an A# or I-94#, check the correct box and provide your number:	Alien Registration Number ("A#"):	
		I-94 #:	
Neb. Rev. Stat. §§38-123 and 38-130 requires that you provide your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes as well as to the Nebraska Department of Revenue, Department of Labor and for other Administrative purposes.			

MILITARY SERVICE:	
If you meet the following definition of 'military', you are NOT required to pay the renewal fee or meet the continuing education requirements. (You must check the box and submit the requested document)	
<input type="checkbox"/>	<b>Military:</b> I have served in the regular armed forces of the United States or am actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately preceding the biennial renewal date. (You must attach your military orders)

<b>SECTION B: CONVICTION AND LICENSURE INFORMATION</b>											
Failure to disclose convictions or disciplinary action, could result in disciplinary action Answer each of the following questions by placing a check mark in the appropriate box (yes or no) and completing the information requested. All 'yes' responses <b>MUST</b> be explained in detail and you must submit the requested documentation.											
1	Were you convicted of a misdemeanor or felony in any state/jurisdiction since your license was last renewed (or since your initial license if such was within the past 24 months). If you answer <b>YES</b> to this question, you must submit the documents to the Licensure Unit: <ul style="list-style-type: none"> <li>A copy of the court record, which includes charges and disposition;</li> <li>Explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;</li> <li>All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and</li> <li>A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;</li> </ul> List below any misdemeanor or felony convictions	<input type="checkbox"/> Yes  <input type="checkbox"/> No									
<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 45%;">Type of Crime</th> <th style="width: 20%;">Date of Action</th> <th style="width: 35%;">Name of Court/Entity Taking action</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Type of Crime	Date of Action	Name of Court/Entity Taking action						
Type of Crime	Date of Action	Name of Court/Entity Taking action									

**NOTE:** If you have any criminal charges or credential disciplinary actions pending that result in misdemeanor or felony conviction or credential discipline, you must report such actions to of Office of Investigation <http://dhhs.ne.gov/pages/Investigations.aspx> within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125). Failure to disclose any such convictions/credential discipline could result in disciplinary action.

<p><b><u>Licensure Information:</u></b>                      The following questions relate to a license/certificate/registration that you currently <b>hold or have held</b> to provide health related services in a state/jurisdiction <b>other</b> than Nebraska.</p>
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		Yes	No										
1	Have you ever been denied the right to take a credentialing examination?	<input type="checkbox"/>	<input type="checkbox"/>	Explain:									
2	Do you hold or have you held a license in any state?  <i>If you answer 'yes' to this question, you <u>must</u> respond to question 2a</i>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">If yes, what State(s) are you licensed in?</th> <th style="width: 50%;">What type of license do you hold?</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>	If yes, what State(s) are you licensed in?	What type of license do you hold?							
If yes, what State(s) are you licensed in?	What type of license do you hold?												
2a	If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?  <i>If you answered YES to this question, you must submit Official Documents from the State Board in which the disciplinary action was taken.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 35%;">Type of Licensure Action</th> <th style="width: 20%;">Date of Action</th> <th style="width: 45%;">Name of Entity taking Action</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table>	Type of Licensure Action	Date of Action	Name of Entity taking Action						
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**SECTION C: CONTINUING EDUCATION**

You must have already completed 40 hours of continuing education credit within the previous 24 months of submitting this application for reinstatement.

**CONTINUING EDUCATION HOURS:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you met the continuing education requirements for your profession? If no, you may qualify for a waiver as indicated below.
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Continuing Education requirements are listed below:

**ALCOHOL AND DRUG SPECIFIC HOURS:** At least 20 hours of continuing education per biennial renewal period must be alcohol and drug specific. (All 40 hours may be alcohol and drug specific.) Continuing education hours approved by the Department or presented by or approved by one of the following organizations will be deemed alcohol and drug specific: 1) Addiction Technology Transfer Centers (ATTC); 2) American Society of Addiction Medicine (ASAM); or 3) National Association of Alcohol and Drug Abuse Counselors (NAADAC).

**NON-ALCOHOL and DRUG SPECIFIC HOURS:** A licensee may earn up to 20 hours of continuing education per biennial renewal period in activities that may not be alcohol and drug specific. To count for renewal, these hours must be approved by one of the following organizations: 1) American Counselors Association (ACA) or National Board for Certified Counselors (NBCC); 2) American Medical Association (AMA); Nebraska Medical Association (NMA); 3) American Nurses Credentialing Center's Commission on Accreditation; 4) American Psychological Association (APA); 5) National Association of Social Workers (NASW); 6) American Association of Marriage and Family Therapists (AAMFT); or 7) Nebraska Nurses Association (NNA).

Per biennial renewal period, a licensee may earn up to a total of:

1. 15 hours of CE through home study programs.
2. 10 hours of CE through research. This must be a peer review environment by either poster session or publication.
3. 15 hours of CE as the presenter. Hours will not be granted for repeat presentations within the same biennial.

**WAIVER OF CONTINUING EDUCATION:** If you **have not** completed the continuing education requirement, and wish to apply for a waiver of the continuing education requirement, check the appropriate reason below:

<input type="checkbox"/>	<b>Initial License:</b> I was first licensed within the 24 months immediately preceding the reinstatement date.
<input type="checkbox"/>	<b>Illness/Disability:</b> I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the 24 months immediately preceding the licensure renewal date. (Attach a statement from treating physician(s) stating that the licensee was injured or ill, the duration of the illness or injury and of the recovery period, and that the licensee was unable to attend continuing education programs during that period.)

**Documentation (if requested above) must be provided to support your request for waiver of continuing education. If the specified documentation is not submitted, review and processing of your license reinstatement cannot occur.**

**SECTION D: PRACTICE AFTER EXPIRATION OR INACTIVE STATUS**

An individual who practices after the expiration date and prior to reinstatement of a license is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing alcohol and drug counseling.

1	Have you practiced alcohol and drug counseling in Nebraska since your license expired or was placed on inactive status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:  <div style="text-align: right;"># of days: _____</div>	
		Name of Business: _____
		City: _____ Telephone #: _____

**SECTION E: ATTESTATION**

For the purpose of meeting Neb. Rev. Stat. §4-108 through §4-114 and §38-129,  
**I attest that:**

(check **ONE** of the boxes below)

I am a citizen of the United States.

**OR**

I am a qualified alien under the Federal Immigration and Nationality Act.

I am a nonimmigrant lawfully present in the United States.

Check this box if you are **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: \_\_\_\_\_

**TO PRINT YOUR REINSTATED WALLET CARD GO TO: <http://www.nebraska.gov/LISSearch/search.cgi>**