

**License Requirements:**

- Has or holds a license as a provisional alcohol and drug counselor.
- Has completed 6,000 hours of supervised clinical work experience providing alcohol and drug counseling services to alcohol and other drug clients for remuneration.
- Has received a passing score on IC&RC/AODA Examination. For more information relating to the license requirements, visit our website at: <http://dhhs.ne.gov/Licensure/Pages/Alcohol-and-Drug-Counselor.aspx>

**LICENSE FEE WAIVER:**

Starting January 1, 2020, if you meet one of the following waiver options, your license fee **is waived**:

1. **Young Worker:** You are between the ages of 18 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>

**Checklist of Required Documents:** You must submit the following information:

1.  **Paid Alcohol and Drug Counseling Experience:**  
Paid supervised work experience must be verified by employers on the "Verification of Employment" form (Attachment 1). This form must be sent directly to the Licensure Unit by the Employer.
2.  **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.

<b>The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list</b>	
<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: <http://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

3.  **License Fee:** (see page 1 of the application) **Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.**

**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.

**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 notification **by e-mail**.

**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.



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit  
 P.O. Box 94986, Lincoln, Nebraska 68509-4986  
[Dhhs.licensure2117@nebraska.gov](mailto:Dhhs.licensure2117@nebraska.gov)  
 402-471-2117

# ALCOHOL AND DRUG COUNSELOR (LADC) License 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**

<b>1</b>	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		
<b>2</b>	Address:	Street/PO/Route:	
		City:	State or Country:      Zip:
<b>3</b>	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 examination in any State?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:

**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?	Name of Conviction	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> |
|--|---|

**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.

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"/>			

If you hold or have held a health related license in any state (**other than Nebraska** (such as nursing, EMT, counseling etc.)), 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**).

**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.

### SECTION C: PAID ALCOHOL/DRUG COUNSELING WORK EXPERIENCE

Applicants must document 6,000 hours of paid supervised work experience. List below positions held involving the provision of alcohol/drug treatment counseling services. Start with your most recent employment and work backwards. If more than one position has been held with an organization or hours worked changed from part-time to full-time or vice versa, list each as a separate period of employment. If there was more than one clinical supervisor for a position, list all and note dates of supervision. Employment must be verified by employers on a "Verification of Employment" form.

**If requesting substitution of education for paid supervised work experience, indicate below:**

**Please submit transcript if not used for your PLADC.**

<input type="checkbox"/>	Associate degree in addictions or chemical dependency for 1,000 hours of work experience. (Must be documented under Section B – Education.)
<input type="checkbox"/>	Bachelor's degree with a major in counseling, addictions, social work, sociology, or psychology for 2,000 hours of work experience. (Must be documented under Section B – Education.)
<input type="checkbox"/>	Master's degree or higher with a major in counseling, addictions, social work, sociology, or psychology for 4,000 hours of work experience. (Must be documented under Section B – Education.)

**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.

1	Employer:				
	Telephone:				
	Program/Department/Division:				
	Address:	Street/PO/Route:			
		City:	State:	Zip:	
	Dates of Employment:	From (Month, Year)		To (Month/Year)	
	Total Employed	Years:		Months:	

Position Title:			
Administrative Supervisor:			
Position Title:		Telephone Number:	
Clinical Supervisor:			
Position Title:		Telephone Number	
<b>Credentials of Clinical Supervisor (check all that apply)</b>			
<input type="checkbox"/>	Licensed Alcohol/Drug Counselor (Nebraska credential)		
<input type="checkbox"/>	Certified/ Licensed Alcohol/Drug Counselor by another state		
	State issued by:		Cert. Title and No.:
<input type="checkbox"/>	Licensed Psychologist		
	State issued by:		License No:
<input type="checkbox"/>	Licensed Physician		
	State issued by:		License No:

2	Employer:			
	Telephone:			
	Program/Department/Division:			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
	Dates of Employment:	From (Month, Year)		To (Month/Year)
	Total Employed	Years:		Months:
	Position Title:			
	Administrative Supervisor:			
	Position Title:		Telephone Number:	
	Clinical Supervisor:			
	Position Title:		Telephone Number	
<b>Credentials of Clinical Supervisor (check all that apply)</b>				
<input type="checkbox"/>	Licensed Alcohol/Drug Counselor (Nebraska credential)			
<input type="checkbox"/>	Certified/ Licensed Alcohol/Drug Counselor by another state			
	State issued by:		Cert. Title and No.:	
<input type="checkbox"/>	Licensed Psychologist			
	State issued by:		License No:	
<input type="checkbox"/>	Licensed Physician			
	State issued by:		License No:	

**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.

**No.**

I **have NOT** practiced Alcohol and Drug Counseling in Nebraska without out a Nebraska license before submitting this application?

**Yes.**

I **have** practiced Alcohol and Drug Counseling in Nebraska without a Nebraska license before submitting this 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.
3. I have read and agrees to be bound by the Code of Ethics for alcohol and drug counselor licensure as set out in 172 NAC 15-016 and the Grounds for Discipline for alcohol and drug counselor licensure pursuant to 172 NAC 15-015.03.  
[http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-172/Chapter-015.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-015.pdf)

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

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

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

Licensure Unit  
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986  
 Telephone #: 402-471-2117  
 DHHS.Licensure2117@nebraska.gov

**VERIFICATION OF EMPLOYMENT  
 FOR AN ALCOHOL AND  
 DRUG COUNSELOR**

**DO NOT RETURN THIS FORM TO THE APPLICANT**

**In order to consider employment hours, the clinical supervisor listed on this 'Verification of Employment' form must match the supervisor registered with the Department.**

**Instructions to Employer:** List all positions held by the applicant, beginning with the most recent and work backwards. If a position changed from part-time to full-time or vice versa, list it as a separate period of employment. If the clinical supervisor for a position changed, list each supervisor and the dates of supervision.

**Attach a copy of the applicant's official job description for all positions held.**

**I verify that**

Name of applicant or Employee:	
has been employed at (name of agency):	
Address:	

in the following positions:

POSITION TITLE	FROM M/D/Y	TO M/D/Y	PAID HOURS WORKED PER WEEK	CLINICAL SUPERVISOR	SUPERVISOR'S LICENSE TYPE

The applicant was involved in the provision of alcohol and drug treatment services for \_\_\_\_\_ percentage (%) of hours per week.

**I further verify that the applicant did not obtain more than 40 hours of experience per week or 2,000 hours per year.**

\_\_\_\_\_  
 Signature of Verifying Person

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Telephone

**DO NOT return this form to the applicant**

Send **DIRECTLY TO:** Alcohol and Drug Counseling, Licensure Unit at the address listed above.