

## Reinstatement Information

- Independent Mental Health Practitioner
- Mental Health Practitioner
- Marriage & Family Therapist
- Professional Counselor
- Master Social Worker

**If your license and/or certificate was revoked or suspended for disciplinary reasons, contact the Licensure Unit for the appropriate application**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.
1. **Have already completed at least 32 hours** of continuing education, of which 2 relate to mental health ethics (if reinstating LIMHP or LMHP), within the previous 24 months before submitting this application.
4. Pay the renewal and reinstatement fees. (see page 1 of the application)  
*We do not accept credit/debit card payment.*

If you reinstate your license/certificate at this time, the expiration date will be September 1<sup>st</sup> of the even-numbered year.

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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; or
4. Other document that shows current immigration status.

**NOTE:** Documents 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 mental health 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 your practice, the Department may deny the application for reinstatement or reinstate your license to active status and impose limitation(s) or other disciplinary actions on your 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 by email at [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>

**MENTAL HEALTH PRACTICE  
 REINSTATEMENT APPLICATION**

For Office Use Only

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

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

**Check the license/certificate type(s) that you are reinstating:**

**Licenses:**

- Independent Mental Health Practitioner
- Mental Health Practitioner

**Certificates:**

- Marriage and Family Therapist
- Professional Counselor
- Master Social Worker

**FEES: If you are reinstating ONLY the LIMHP OR LMHP (not both at the same time)**

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$190	\$190	73.75	73.75	73.75	73.75	73.75	73.75	\$190	\$190	\$190	\$190
Odd Numbered Year	\$190	\$190	\$190	\$190	\$190	\$190	\$190	\$190	\$190	\$190	\$190	\$190

**FEES: If reinstating an additional license or certificate(s), you must pay the fee listed below for each additional credential:**

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$85	\$85	\$60	\$60	\$60	\$60	\$60	\$60	\$85	\$85	\$85	\$85
Odd Numbered Year	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85

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

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

**SECTION A: PERSONAL INFORMATION**

1	Legal Name:	First:	Middle/MI:	Last:
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For **name changes**, 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):
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4	Phone #.*	E-Mail Address*:
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NOTE: your phone number and e-mail are optional, but providing this information will speed up communication with you.

5	License Number:	
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**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:	<input type="checkbox"/> Alien Registration Number ("A#"):	
		<input type="checkbox"/> 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.

**SECTION B: CONVICTION AND LICENSE INFORMATION**

Failure to list any conviction(s) or disciplinary action(s), could result in disciplinary action against your license.

**Conviction Information:**

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

<b>1</b>	<p>Were you convicted of a misdemeanor or felony in any state/jurisdiction since your license was last renewed (or since you received your initial license if such was within the past 24 months). If you answer <b>YES</b> to this question, you must submit the following documents to the Licensure Unit:</p> <ul style="list-style-type: none"> <li>A copy of the entire/complete court record, which includes charges and disposition;</li> <li>Your 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>If you have a drug and/or alcohol offense, to assist in the evaluation of your drug and/or alcohol conviction(s), please submit all evaluation/discharge summaries where drug and/or alcohol treatment was obtained or required. All evaluations / discharge summaries must be submitted by the provider directly to DHHS; and</li> <li>If you are currently on probation, a letter from the probation officer addressing the terms and current status of your probation.</li> </ul> <p>List below misdemeanor or felony convictions</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Name of Conviction</th> <th style="width: 20%;">Date of Conviction</th> <th style="width: 30%;">Name of Court</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of Conviction	Date of Conviction	Name of Court							<input type="checkbox"/> Yes  <input type="checkbox"/> No
Name of Conviction	Date of Conviction	Name of Court									

**NOTE:** If you have any criminal charges or credential disciplinary actions pending that result in misdemeanor or felony conviction or license discipline, you must report such actions to of Division of Public Health Office of Investigation within 30 days of the conviction or disciplinary action (Neb. Rev. Stat. 38-1,125).

Reporting forms are available at the following website: <http://dhhs.ne.gov/Pages/investigations.aspx> or by calling 402-471-0175.

**License Information:**

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

		Yes	No														
<b>2</b>	<p>Do you hold or have you held a license in any state?</p> <p style="color: red; font-size: small;">If you answer 'yes' to this question, you <b>must</b> respond to question 2a</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>If yes, what State(s) are you licensed in?</p>	<p>What type of credential do you hold?</p>												
<b>2a</b>	<p>If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?</p> <p style="color: red; font-size: small;">If you answered YES to this question, you must submit Official Documents from the State Board in which the disciplinary action was taken.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Type of Credential Action</th> <th style="width: 20%;">Date of Action</th> <th style="width: 30%;">Name of State taking Action</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Type of Credential Action	Date of Action	Name of State taking Action										
Type of Credential Action	Date of Action	Name of State taking Action															
<b>3</b>	<p>Have you ever been denied the right to take a credentialing examination in any state?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Please Explain:</p>													

**SECTION C: CONTINUING EDUCATION**

You must have already completed **32** hours of continuing education within the previous 24 months, of which 2 relate to mental health ethics, before submitting this application for reinstatement.

**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)
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**CONTINUING EDUCATION HOURS:**

<input type="checkbox"/> Yes	Have you met the continuing education requirements for your profession? If no, you may qualify for a waiver under the 'waiver' section below.
<input type="checkbox"/> No	

**CONTINUING EDUCATION CATEGORIES**

**Academic Credit** – must be **GRADUATE** coursework

1 semester hour of academic credit = 15 continuing education credit hours; 1 semester hour credit audited = 8 hours of CE.

1 quarter hour of academic credit = 10 continuing education credit hours; 1 quarter hour credit audited = 5 hours of CE.

1 trimester hour of academic credit = 14 continuing education credit hours; 1 trimester hour credit audited = 7 hours of CE.

**Home Study Programs** may accumulate up to 20 hours of continuing education per renewal period.

**Publications** written by the licensee and published in a refereed professional journal or book may accumulate up to 20 hours of continuing education per renewal period.

**Teaching** a college/university course are calculated the same as academic credit; a licensee may accumulate up to 30 of the 32 hours per renewal period.

**Dissertations** may accumulate up to 32 hours of continuing education per renewal period.

**Educational/Training Videos** may accumulate up to 10 hours of continuing education within a renewal period utilizing educational/training videos.

**Workshop/Seminar/Lecture, etc** 1 continuing education hour or credit = 60 minutes of participation, for each fraction of an hour, record in 15 minute increments (i.e.: 1.25, 1.5, 1.75). Workshop presenters may receive credit for the initial presentation only.

**ETHICS** 2 of the required 32 hours of continuing education **MUST** relate to Mental Health Practice Ethics.

**WAIVER OF CONTINUING EDUCATION HOURS:**

If you **have not** completed the continuing education and you qualify for a waiver, check the appropriate reason below:

<input type="checkbox"/>	<b>Initial License:</b> I was first licensed within the previous 24 months before submitting this application for reinstatement.
<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 within the previous 24 months of submitting this application for reinstatement. (Attach a statement from treating physician(s) stating that you were injured or ill, the duration of your illness or injury and of the recovery period, and that you were 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 reinstatement cannot occur.**

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

If you practiced mental health after the expiration date and prior to reinstatement of your license, you are 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 your profession.

1	Have you practiced mental health in Nebraska since your license expired or was placed on inactive status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If you are also reinstating a certificate as a marriage and family therapist, professional counselor, and/or social worker, have you represented yourself as a Certified Marriage and Family Therapist, Certified Professional Counselor, and/or Social Worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2	If yes, what are the actual number of days that you practiced mental health and/or represented yourself as a CMFT, CPC or SW in Nebraska and what is the business name, location and telephone number of your practice:  # 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, I attest that:

(check only **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:**

- I have read the application or have had the application read to me; 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>