

# Application Information

## Provisional Alcohol and Drug Counselor

**PLADC:** A license as a provisional alcohol and drug counselor **is required** to earn the required paid work experience hours to obtain an LADC. An Alcohol and Drug provides general counseling theories and treatment methods for the purpose of treating any alcohol or drug abuse, dependence, or disorder.

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:

**NON-ENGLISH DOCUMENTS.** Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

1.  **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.

2.  **Education:**

**HS/GED:** Your high school diploma/transcript or GED certificate. (If you submit an official transcript showing **completion of a post-secondary degree, you DO NOT need to submit your high school diploma/GED**).

**270 hours of Education:** An **official** school/college/university transcript or training verification. Your transcript or training verification may be submitted with the application in a sealed envelope or sent directly by the school/training program via paper or electronically to [DHHS.Licensure2117@nebraska.gov](mailto:DHHS.Licensure2117@nebraska.gov)

**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.

3.  **Coursework:**

Course descriptions for each course you list on pages 3-5 of the application; if you completed a college course, a syllabus is preferred and must be from the time you completed each course.

We encourage you to check our website to see if your training and/or coursework is on the approved list.

<http://dhhs.ne.gov/licensure/documents/ADCPreapprovedEduc.pdf> If yes, then you do not need to send course descriptions for those courses listed as approved.

4.  **Practical Training:**

Your **Practical Training Supervisor must sign** the "Verification of Supervised Practical Training" form (last page of application). This form verifies that you have completed at least 300 hours of supervised practical training **in the 12 core functions** with a minimum of 10 performance hours in each core functions.

5.  **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 <b>SOME</b> examples of convictions; this is <b>NOT</b> a complete list	
<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.

6.  **Other Licensing Information:** If you hold or have held a health related license in any state (**other than Nebraska**) (such as nursing, EMT, mental health, social work, 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**).

7.  **License Fee: \$275.** (unless you qualified for a fee waiver)

**Pay by check or money order (your cancelled check is your proof of receipt).**

**We are unable to accept electronic payments.**

Make payable to: Licensure Unit.

**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 compete 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 **by e-mail** your license number.

**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.

**Contact Information:** Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska 68509-4986  
FAX: 402-742-1106 / telephone # (402) 471-2117 / E-mail [dhhs.licensure2117@nebraska.gov](mailto:dhhs.licensure2117@nebraska.gov)



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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

## Provisional Licensed Alcohol and Drug Counselor (PLADC) Application

Mail this application to the address listed above.

You must complete all sections of this application

**LICENSE FEE: \$275**

**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 \$275.**

**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.

**NOTE: Licenses expire 6 years from date of issuance**

**DO NOT USE WHITE OUT ON YOUR APPLICATION.**  
 If you do, it will be returned to you.

SECTION A: PERSONAL INFORMATION			
1	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		
2	Address:	Street/PO/Route:	
	City:	State or Country:	Zip:
3	Social Security Number (SSN):		
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 #	
<p><b>Neb. Rev. Stat. §§38-123 and 38-130</b> 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>			

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?	Type of Crime	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

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

**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"/>				

**SECTION C: EDUCATION**

You must submit a copy of your high school diploma/transcript, GED certificate OR post-secondary degree transcript.

If you submit an official transcript showing completion of a post-secondary degree, you DO NOT need to submit your high school diploma/GED.

**Check highest level completed:**

<input type="checkbox"/>	High School Diploma	<input type="checkbox"/>	College Degree – Associate	<input type="checkbox"/>	College Degree – Master
<input type="checkbox"/>	GED: General Education Doc	<input type="checkbox"/>	College Degree – Bachelor	<input type="checkbox"/>	College Degree – Doctorate

**HIGH SCHOOL/GED:**

Name of High School/GED	
Date Issued (Month/day/year)	

**POST-SECONDARY DEGREE:**

Name of University/College	
Date of Degree (Month/day/year)	

**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.

**SECTION D: COURSEWORK**

**Check this box if you currently hold a LMHP or PLMHP**

If you currently hold a License as a Mental Health Practitioner (LMHP) or a Provisional License as a Mental Health Practitioner (PLMHP), you do not need to list coursework for areas 1, 2, 3, 4 and 6 below.

My LMHP or PLMHP license # is: \_\_\_\_\_.

**You must list at least 270 clock hours of education (workshops, seminars, institutes, college/university coursework) in 8 course areas with a minimum number of instructional hours in each as identified below. List the education you are submitting for each area.**

To verify completion of the education, you must submit an official transcript or certificate of completion and a course description/syllabus (for the time you attended the education) for each course listed below.

**Coursework**

1	<p><b>Counseling Theories and Techniques</b>  <b>(45 clock hours or 3 semester hours of academic credit)</b>  <u>Description:</u> This includes the study and practice of theories, principles, and techniques of counseling. A minimum of 4 accepted counseling techniques must be studied such as active listening, reflective feedback, summarizing, self-disclosing, displaying empathy, confronting, establishing rapport, and communicating at the client's comprehension level. A minimum of 4 accepted counseling theories must be studied such as Adlerian, cognitive behavioral, client-centered, Gestalt, rational emotive, reality, and transactional analysis.</p>		
	<b>Course Number and Title</b>	<b>Dates Attended</b>	<b>Training Entity</b>

2	<p><b>Group Counseling</b>  <b>(45 clock hours or 3 semester hours of academic credit)</b>  <u>Description:</u> This includes the study and practice of group theories, processes, dynamics, techniques, methods, and group counseling and facilitation.</p>		
	<b>Course Number and Title</b>	<b>Dates Attended</b>	<b>Training Entity</b>

3	<p><b>Human Growth and Development</b>  <b>(30 clock hours or 2 semester hours of academic credit)</b>  <u>Description:</u> This includes the study of the nature and needs of individuals at all developmental levels from birth to death.</p>		
	<b>Course Number and Title</b>	<b>Dates Attended</b>	<b>Training Entity</b>

**This BOX FOR Department Use Only:**  
 Coursework Review  
 \_\_\_\_\_  
 (staff Initials) (date)

4	<b>Professional Ethics and Issues</b> <b>(15 clock hours or 1 semester hour of academic credit)</b> <b>Description:</b> This includes standards of conduct and professional behavior expectations for counselors. Ethical standards to be studied may include non-discrimination, responsibilities and integrity, competence, moral standards, client welfare, legal issues, client relationships, inter-professional relationships, remuneration and societal obligations.		
	Course Number and Title	Dates Attended	Training Entity

5	<b>Alcohol/Drug Assessment, Case Planning and Management</b> <b>(30 clock hours or 2 semester hours of academic credit)</b> <b>Description:</b> This includes the process of collecting client data for making decisions regarding alcohol/drug disorder diagnosis, level of care placement, and treatment and referral. Two or more alcohol/drug assessment instruments must be studied. There must be study and practice of record keeping addressing the development of alcohol/drug assessment summaries, treatment plans, progress notes, discharge plans and clinical case reviews including case management activities to bring together services, agencies, and resources to achieve client treatment goals while adhering to confidentiality as it relates to these areas.		
	Course Number and Title	Dates Attended	Training Entity

6	<b>Multicultural Counseling</b> <b>(30 clock hours or 2 semester hours of academic credit)</b> <b>Description:</b> This includes cultural, social, lifestyle, spiritual, and economic factors relevant to the provision of competent and relevant counseling to varied populations. The education must include the adaptation of traditional counseling theories and techniques.		
	Course Number and Title	Dates Attended	Training Entity

7	<b>Medical and Psychosocial Aspects of Alcohol/Drug Use, Abuse, and Addiction</b> <b>(45 clock hours or 3 semester hours of academic credit)</b> <b>Description:</b> This includes physiological, psychological, and sociological aspects of alcohol/drug use, abuse, and dependence. The education must include studying the processes of dependence, addiction, and withdrawal covering signs, symptoms, and behavior patterns. It also must include the study of drug types and pharmacology.		
	Course Number and Title	Dates Attended	Training Entity

8	<b>Clinical Treatment Issues in Chemical Dependency</b> <b>(30 clock hours or 2 semester hours of academic credit)</b> <b>Description:</b> This includes the study of treatment issues specific to chemical dependency such as denial, resistance, minimization, family dynamics, relapse, cross-addiction, co-occurring disorders, spirituality, and influences of self-help groups. The education must include studying chemical dependency clinical treatment needs of individuals taking into consideration gender, culture, and lifestyle.		
	Course Number and Title	Dates Attended	Training Entity



**SECTION E: SUPERVISED PRACTICAL TRAINING**

If the supervised practical training occurred under more than one supervisor, list all.

**Training must be documented on the "Verification of Supervised Practical Training" form (page 7).**

1	Supervisor's Name:	First:	Middle:	Last:
	License #:	Business Telephone #: OPTIONAL		
	Dates of Training	From (Month/Year)		To (Month/Year)

2	Supervisor's Name:	First:	Middle:	Last:
	License #:	Business Telephone #: OPTIONAL		
	Dates of Training	From (Month/Year)		To (Month/Year)

**SECTION F: PRACTICE PRIOR TO LICENSE**

An individual who practices prior to issuance of a license is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000 and/or other action as provided in the statutes and regulations governing Alcohol and Drug Counseling.

1	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No.</b> <b>Have you</b> practiced Alcohol and Drug Counseling in Nebraska without out a license before submitting the 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 G: 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: \_\_\_\_\_

Licensure Unit  
 P. O. Box 94986 - Lincoln, NE 68509-4986  
 Telephone: 402-471-2117 / FAX: 402-742-1106  
 E-Mail: [DHHS.Licensure2117@nebraska.gov](mailto:DHHS.Licensure2117@nebraska.gov)

**ALCOHOL AND DRUG COUNSELOR  
 VERIFICATION OF SUPERVISED PRACTICAL TRAINING**

**This form must be completed by each supervisor at the conclusion of the supervised hours.**

**Part I: SUPERVISOR INFORMATION**

Name of Applicant that you supervised: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_

**Place a checkmark in the box by your credentials:**

Licensed Alcohol and Drug Counselor     Licensed Physician     Licensed Psychologist

**Part II: ALCOHOL AND DRUG COUNSELING SUPERVISED PRACTICE TRAINING:**  
**Changes to information entered onto this form invalidates the form unless the supervisor initials their name beside the changed information.**

**REQUIREMENT:** The applicant must have completed at least 300 hours of supervised practical training in the 12 core functions with a minimum of 10 performance hours in each core functions.

**SUPERVISORS:** List only the total number of hours that you personally supervised the applicant in each performance area. Then add up the below hours listed and provide the total hours completed in the 12 core functions.

Core Function	Hours	Core Function	Hours	
Screening		Case Management		<b>TOTAL CORE FUNCTIONS</b>  <b>List the total number of hours the applicant COMPLETED in the 12 Core Functions under your supervision</b>  <b>Total Hours:</b> <input style="width: 100px; height: 20px;" type="text"/>
Intake		Crisis Intervention		
Orientation		Client Education		
Assessment		Referral		
Treatment Planning		Reports & Recordkeeping		
Counseling		Consultation		

Dates that you supervised the practical training (**provide FULL dates**): from \_\_\_\_\_ to \_\_\_\_\_  
 (mm/dd/yy) (mm/dd/yy)

**Supervisor's Attestation and Signature:** I state that I am the person completing this form and the statements on this form are true and complete. Further, I state that:

1. The applicant has completed the Supervised Practical Training performance hours listed on the log.
2. I provided a minimum of 1 hour of face-to-face supervision for each 10 hours of performance. Supervisory methods must include, as a minimum, individual supervisory sessions, formal case staffings, and conjoint/co-therapy sessions. Supervision is to be directed towards teaching the knowledge and skills of alcohol and drug counseling.
3. I am not be a family member.
4. **I was on-site at the work setting while all core function hours were performed.**

\_\_\_\_\_  
 (Print/type) SUPERVISOR Name and Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Agency

\_\_\_\_\_  
 Street Address

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

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
 City State Zip