

## **Psychology Reinstatement Information**

**If your license was revoked or suspended for disciplinary reasons, contact the Licensure Unit for the appropriate application**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.
4. **Have already completed at least 24 hours** of continuing education within the previous 24 months before submitting this application.
5. 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 at this time, the expiration date will be January 1<sup>st</sup> of the odd-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 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 [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

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

PSYCHOLOGY
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

Table with 13 columns (YEAR, Jan, Feb, Mar, Apr, May, June, July, Aug, Sep, Oct, Nov, Dec) and 3 rows (Even Numbered Year, Odd Numbered Year).

You must complete ALL sections of this application

SECTION A: PERSONAL INFORMATION
1 Legal Name: First, Middle/MI, Last
For name changes, you must submit a copy of marriage certificate, divorce decree, court order, etc.
2 Mailing Address: Street/PO/Route, 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)
Military: 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)

**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

1	<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 style="background-color: #e0e0e0;"> <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 style="height: 20px;"> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </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: <http://dhhs.ne.gov/Pages/investigations.aspx> or by calling 402-471-0175

**Licensure 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		
2	<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 <u>must</u> respond to question 2a</p>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?
2a	<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"/>	Type of License Action	Date of Action
3	<p>Have you ever been denied the right to take a licensing examination in any state?</p>	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:	

**SECTION C: CONTINUING EDUCATION**

You must have already completed **24** hours of continuing education within the previous 24 months before 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 under the 'waiver' section below.
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Continuing Education requirements are listed below:

1. Developing and teaching an academic course in an institution accredited by a regional accrediting agency.
2. Satisfactorily completing a graduate level course offered by an institution accredited by a regional accrediting agency.
3. Authoring or editing a peer-reviewed psychological practice oriented publication.
  - a. Senior/1<sup>st</sup> author of a peer-reviewed psychological practice oriented professional or scientific book = 16 hours;
  - b. Senior/1<sup>st</sup> author of a peer-reviewed psychological practice oriented professional or scientific book chapter = 8 hours;
  - c. Senior/1<sup>st</sup> author of a peer-reviewed psychological practice oriented professional journal article = 8 hours; and
  - d. Editor of a peer-reviewed psychological practice oriented professional or scientific book/journal = 16 hours.
4. Presenting or attending workshops, seminars, symposia, colloquia, invited speaker sessions, meetings of professional or scientific organizations, home study, or videos. Only activities approved by the following organizations are acceptable:
  - (1) The American Psychological Association (APA);
  - (2) The American Medical Association; (AMA) Nebraska Medical Association (NMA)
  - (3) The American Nurses Credentialing Center's Commission on Accreditation;
  - (4) Nebraska Nurses Association (NNA);
  - (5) National Association of Alcohol and Drug Abuse Counselors (NAADAC) or Nebraska Certified Alcohol and Drug Abuse Counselors (NCADAC);
  - (6) National Association of Social Workers (NASW);
  - (7) National Counselors Association (NCA); or
  - (8) National Association of Marriage and Family Therapists (NAMFT).

**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 before 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.)
<input type="checkbox"/>	<b>Resident of Another State:</b> I am a legal resident of another state, territory, or the District of Columbia and have not practiced as a psychologist in the State of Nebraska within the previous 24 months before submitting this application for reinstatement.
<input type="checkbox"/>	<b>Not Engaged in Practice:</b> I hold a Nebraska license but have not engaged in the practice of psychology within the previous 24 months before submitting this application for reinstatement.

**Documents (if requested above) must be provided to support your request for waiver of continuing education.**

**If the requested documents are not submitted, review and processing of your reinstatement application will not occur.**

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

If you practice 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 psychology 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:  <hr/> 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:**

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

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

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

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

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