

For more information, visit our website at: <http://dhhs.ne.gov/Licensure/Pages/Psychology.aspx>

**Psychological Assistant** is a person with a master's degree in clinical, counseling, or educational psychology or an educational specialist degree in school psychology who administers and scores and may develop interpretations of psychological testing under the supervision of a psychologist. Your work is deemed to be an extension of the legal and professional authority of the supervising psychologist and you cannot independently provide interpretive information or treatment recommendations to clients or other health care professionals prior to obtaining appropriate supervision. Use of this title is restricted to the duties described above and you must use the term 'psychological assistant'. Partial or abbreviated use of the title and use of the title beyond what is specifically set out in this information is considered the unlicensed practice of psychology.

**A Special Licensed Psychologist** whose practice involves the diagnosis and treatment of major mental and emotional disorders must be provided under the supervision of a licensed psychologist. A psychologist holding a special license cannot supervise mental health practitioners or independently evaluate persons under the Nebraska Mental Health Commitment Act or the Sex Offender Commitment Act. Application Requirements:

- A general description of the practice and the plan of supervision.
- A supervisor's statement that he or she has the necessary experience and training to supervise this area of practice.
- A supervisor's statement that he or she accepts the legal and professional responsibility for the practice with individuals having major mental and emotional disorders.

Note: Psychologists practicing with special licenses may continue to use the title licensed psychologist but must disclose supervisory relationships to clients for whom supervision is required and to third-party payors when relevant.

**Checklist of Required Documents: You must submit:**

1.  **US Citizenship/Lawful Presence** (must also 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.  **Transcript:** If applying for the psychological assistant registration, you must have your school or electronic transcript service submit **directly to our office** an official college or university transcript showing receipt of your degree. If sending by e-mail, send to [dhhs.licensure2117@nebraska.gov](mailto:dhhs.licensure2117@nebraska.gov). We **do not** accept copies of transcripts sent electronically **to the applicant**.
3.  **Other Licensing Information:** If you currently hold or have held a credential to provide health related services in a state/jurisdiction **other than Nebraska**, you must submit a verification of the license(s) (even if that license is no longer current).
- Disciplinary Action:** If you have had any disciplinary action(s) taken against your credential, you must submit a copy of the disciplinary action(s), including charges and findings.

4.  **Conviction Information:** If you have **EVER** had a misdemeanor or felony conviction, 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:

- (a) A copy of the court record for each conviction;
- (b) Your explanation of the events leading to each of the convictions (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- (c) If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

**NOTE:**

To assist the Board and Department in review of any drug and/or alcohol conviction(s), if you had an alcohol and drug evaluation and/or completed treatment, the treatment provider must submit all evaluations/discharge summaries directly to the Department.

The following provides **SOME** examples of convictions; this is **NOT** a complete list:

<ul style="list-style-type: none"> <li>• MIP</li> <li>• DUI / DWI</li> <li>• Controlled Substance</li> <li>• Open Container</li> <li>• Tobacco Use by Minor</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault</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</li> <li>• Bad Check</li> </ul>
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5.  **Fee:** The required fee (see fee chart on the application).

**Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.**

**NOTE: Your supervisor must complete page 6 of the application.**

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.

**Application Processing:** You can check our website at <https://www.nebraska.gov/LISearch/search.cgi> to verify receipt of your application. If your record shows 'status pending' your application has been received by the Department but has not been approved.

**All applications will be reviewed in date order received;** you will receive an e-mail confirmation within approximately 10 days advising you that your registration has been issued or that your application is incomplete. If incomplete, you will be informed of how to correct your application.

**Records Retention Schedule:** When your registration is issued, your application and documents will be kept by the Department for 5 years; then all documents are destroyed. We suggest you to keep a copy of your application for your records.

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

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

**SUPERVISORY REGISTRATION**  
 Psychologist Assistant  
 Special Licensed Psychologist

**Category:**

- Psychologist Associate
- Special Licensed Psychologist

**SECTION A: PERSONAL INFORMATION**

<b>1</b>	You must print your <b>Legal Name</b> below		
	First:	Middle:	Last Name:
	List any other names, including maiden and your last name on your birth certificate, you are or have been known as (AKA).		
<b>2</b>	Address: (where we can send information)	Street/PO/Route:	
		City:	State or Country: Zip:
<b>3</b>	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):	
<b>4</b>	Phone #: (optional)*	Additional Phone #: (optional)*	
<b>5</b>	E-Mail Address:  * phone number and e-mail is optional, but providing this information will speed up communication with you		
<b>6</b>	Social Security Number:		
	If you have an A# or I-94# check the correct box(s) and provide your number	Alien Registration Number ("A#"):	
		I-94#:	
<p><small>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.</small></p>			

**SECTION B: FEES** (Make payable to: Licensure Unit)

- Initial Supervisory Registration: **\$50**
- Change in Supervisor: **\$0**

Name of Previous Supervisor:	First:	Middle:	Last:
What date did the supervision terminate?			

- Additional Supervisor(s) -This is in addition to the supervisors already on file: **\$0**

**NOTE: Supervisory registrations expire upon termination of the registered supervisor.**

**SECTION C: LICENSE AND CONVICTION INFORMATION**

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

**LICENSE INFORMATION:** The following questions relate to a license that you currently hold or have held to provide health related services (such as nursing, mental health, etc.) in a state other than Nebraska.

*Certifications must be completed by the State(s) in which you are licensed.*

1	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, please explain below.		
2	Do you hold or have you held a license in any other state(s)?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what state(s)?	What type of license?	
	<b>If YES</b> , has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?  Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of State Taking Action

**NOTE:** If you have disciplinary charges pending on your license in another state or if your license has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.

**CONVICTION INFORMATION:** You must list **ALL** misdemeanor or felony convictions (regardless of when they occurred); 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?  Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Conviction	Date of Action	Name of Court Taking Action

The following provides **SOME** examples of convictions; this is **NOT** a complete list:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• MIP</li> <li>• DUI / DWI</li> <li>• Controlled Substance</li> <li>• Open Container</li> <li>• Tobacco Use by Minor</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault</li> <li>• Disorderly Conduct</li> <li>• 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</li> <li>• Bad Check</li> <li>• Fireworks</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.

**SECTION D: PRACTICE PRIOR TO REGISTRATION**

If you practice in Nebraska without a Nebraska registration, 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 in Nebraska without out a registration before submitting this application?

**Yes.**

I **have** practiced in Nebraska without a registration before submitting this application?

If yes, what are the actual number of days you practiced in Nebraska without a registration 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, 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.

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. All statements on this application are true and complete.

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

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

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

**This page must be completed by the Supervisor**

**SECTION F – PLAN OF SUPERVISION**

For **special licensed psychologist**: must provide a level of oversight and training appropriate to the individual's experience level.  
 For psychologist assistant: weekly supervision sessions required

1	Frequency of Supervision:			
2	Type of Supervision:			
3	Duration of Supervisory Contact:			
4	Describe how supervision will take place:			
5	Who will provide supervisory backup when you are out of town or unavailable for weekly appointments?			
Supervisor's Name:		Last	First	Middle Initial
Business Address:		Street/PO/Route		
		City	State	Zip Code
License Number:	#:	Telephone Number (optional):	#:	

**SECTION G: CURRENT SUPERVISORY RESPONSIBILITIES**

Identify below the number of individuals you currently supervise in each category.

NUMBER	TYPE OF SUPERVISEE
	Psychologists holding Special Licenses
	Provisional Licensed Psychologists (applicants obtaining post-doctoral supervised experience)
	Psychological Assistant
	Psychologist Associate
	Provisional Mental Health Practitioner (Obtaining Supervised Postmasters Experience)

**SECTION H: SUPERVISOR ATTESTATION**

**Supervisor Must Complete the following:**

I, \_\_\_\_\_ state that I am the supervisor referred to in this application and that the  
 (Name of Supervisor)

statements herein are true and complete. I agree to assume legal and professional responsibility for the work of the applicant listed in this application and agree that I am competent to provide all services identified in this registration form.

\_\_\_\_\_  
 Signature of Supervisor

\_\_\_\_\_  
 Date