

For license information, visit our website at: <http://dhhs.ne.gov/licensure/Pages/psychology.aspx>

INFORMATION FOR MILITARY SPOUSES

Temporary License: If you have an active psychology license in another state and you are a military spouse, you may be issued a temporary license pending completion of the permanent license requirements. A temporary license specifically for military spouses is available under Neb. Rev. Stat. 38-129.01 and is issued for a period not to exceed 1-year. Please review the following documents required to obtain a temporary license and those listed for a permanent license to determine which process is right for you.

To apply for this temporary license, you need **to be a resident of Nebraska** and submit the following:

- The attached application
- A copy of your military dependent identification card identifying you as the spouse of an active duty member of the United States Armed Forces
- A copy of your spouse's military orders reflecting an active-duty assignment in Nebraska
- A copy of your psychology license from another state or jurisdiction
- A copy of the statutes, rules, and regulations governing your license which indicate standards that are similar to Nebraska's psychology licensing requirements.
- The License fee and temporary fee of \$50.

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. **Criminal Background Check:** You need to submit fingerprints and a processing fee to the Nebraska State Patrol. See attached instructions.

3. **Transcript:** Transcripts are NOT required if you hold a Nebraska provisional license. You must have your school or electronic transcript service submit **directly to our office** an official college or university transcript. If sending by e-mail, send to dhhs.licensure2117@nebraska.gov. We **do not** accept copies of transcripts sent electronically to the applicant.

Doctoral Degree: If NOT APA Accredited: You must submit the 'Program Equivalency Criteria'; download at <http://dhhs.ne.gov/licensure/Documents/APAProgramEquivCriteria.pdf>

Internship: If NOT APA Accredited: You must submit the 'Verification of Internship in Psychology' Attachment 1, **directly from the supervisor/internship director along with the internship equivalent document;** download at <http://dhhs.ne.gov/licensure/Documents/PsychInternEquivApp.pdf>

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.

4. **Attachment 2:** Verification of Postdoctoral Experience in Psychology. Your supervisor must submit this document directly to our office.
5. **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 copy of the court record for each conviction;
- 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;
- 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"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving | <ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check |
|--|---|

6. **Other Licensing Information:** If you current 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.
7. **Examination:** You must have submitted an Official Examination Score Report from PES and have completed the Nebraska Jurisprudence Examination.
8. **Fee:** The required fee (see chart on this application).
Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.

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.

Application Processing: You can check our website at <https://www.nebraska.gov/LISSearch/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 license 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 license 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.

Contact Information: Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska 68509-4986
 Telephone: 402-471-2117 / FAX: 402-471-3577 / E-Mail: dhhs.licensure2117@nebraska.gov

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason

Fingerprints are required to be eligible for a Provisional Psychology license and a Psychology license in Nebraska.

The Nebraska State Patrol will not process your request for a criminal background check until you have paid the required fee to the State Patrol and the Licensure Unit has received your application.

Please read and follow these instructions carefully to avoid delays in processing.

Even if you have recently obtained a criminal background check for another state or another license, you MUST obtain a new criminal background check for the license you are currently applying for in Nebraska.

Completing the Fingerprint Card:

1. **Fingerprint Cards:** Fingerprint cards are available at any State Patrol office or law enforcement agency in NEBRASKA. If you live in another state, contact your local law enforcement agency. You may also contact the Licensure Unit at 402-471-2299 and cards can be mailed to you.
2. **DO NOT FOLD THE FINGERPRINT CARDS.**
3. **Information to be completed on the Fingerprint Card:**
 - a. Print your full name, address with zip code, *Social Security Number, date and place of birth, and other information as requested. **DO NOT sign the fingerprint cards until** the law enforcement officer has verified your signature with the form of identification that you provided. **DO NOT write in the field labeled ORI.**

**Social Security Number: If you do not have a United States Social Security Number, you must provide in the "Miscellaneous No: MNU" section a Government issued identification number, a "consulate" number or a Passport Number. Please indicate the type of number provided.*
 - b. In the box labeled "Reason Fingerprinted" PRINT '**Psychology 38-131**'. Each license applied for requires an individual background check so if applying for the provisional license, you will be required to be re-fingerprinted when you apply for the full psychology license.

Photo ID:

Take one form of photo ID with you when getting your fingerprints. Acceptable forms of ID include a driver's license, visa, passport or other document showing that you are legal in the U.S.

FEE: \$45.25

There are 2 ways to pay for fingerprint processing:

1. **Credit Card/E-Check:** Pay \$45.25 by credit card at www.ne.gov/go/nsp. This is an internet pay site through PayPort. Credit/debit card OR checking account and routing information will be required. A small transaction fee will be added to your payment. For some payments, selection of eCheck will give you a discount on your transaction fee.

The website will ask you to select the type of payment you are making. Under 'transaction type' you need to choose 'EMS'. You will then need to enter the applicant's name, date of birth and the last 4 digits of social security number. If a company is paying for an applicant; the applicant's information needs to be entered on this page. The second page of the website will ask for information about the payer, which may or may not be the applicant.

2. **Check or Money Order:** Payment of \$45.25 must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 3800 NW 12th ST, STE A, Lincoln NE 68521**. In the MEMO section of the check, print the name of the applicant and 'PSY fingerprinting' (example: Jordan Jones – PSY fingerprinting).

The Nebraska State Patrol does not charge an additional fee for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or in other states may charge a fee.

Fingerprinting Process:

There are 2 ways to capture your fingerprints:

- **Live Scan:** Live Scan is available at all Nebraska State Patrol locations listed below and the fingerprints are captured electronically. The Nebraska State Patrol does not accept Live Scan prints from other states at this time. If you are out of state and have Live Scan prints, you will need to request that your fingerprints be printed out onto cards.
- **Ink and Paper Finger Prints:** Applicants outside of Nebraska or at an office other than the below listed State Patrol offices have traditional ink and paper fingerprinting.

Offices of the Nebraska State Patrol and the Days/Hours that Fingerprinting is Conducted	
Troop A 4411 S 108th ST Omaha NE 68137 Phone: 402-331-3333	Monday- Friday 8:00 a.m. to 4:00 p.m. (walk-in only)
Troop B 1401 Eisenhower AVE Norfolk NE 68701 Phone: 402-370-3456	Monday – Thursday 8:30 a.m. to 4:00 p.m. (appointment required)
Troop C 3431 Old Potash Highway Grand Island NE 68801 Phone: 308-385-6000	Tuesdays 9:00 a.m. to 4:00 p.m. Wednesdays 8:30 a.m. to 4:00 p.m. Thursdays 9:00 a.m. to 1:30 p.m. (appointment required)
Troop D 300 West South River Rd North Platte NE 69103 Phone: 308-535-6604	Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop E 4500 Avenue I Scottsbluff NE 69361 Phone: 308-632-1211	Monday – Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop H Investigative Services Center 3800 NW 12th ST STE A Lincoln NE 68521 Phone: 402-479-4971	Monday - Friday 8:00 a.m. to 4:00 p.m. (appointment required)

Where do you send the fingerprint cards?

You must send all fingerprint cards to the following address:

Criminal Identification Division (CID)
3800 NW 12th ST STE A
Lincoln NE 68521

Criminal Background Check Notification: Pursuant to Neb. Rev. Stat. §38-131 (provided below), an applicant for an initial license where a criminal background check is required by an interstate licensure compact shall be subject to a criminal background check. Applicants are able to receive any national criminal history record that may pertain to them directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and may then freely disclose any such information to whomever they choose. Applicants must authorize the dissemination of any national criminal history record that may pertain to them to the Department of Health and Human Services (DHHS) when applying for licensure. Applicants are entitled to challenge the accuracy and completeness of any information contained in any such report and will be provided a copy of the criminal history background report, if any, received if they appear at the DHHS in person and present proper identification. Information on how to challenge an applicant's federal report can be found at FBI.gov. To challenge an applicant's Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. Applicants may obtain a prompt determination as to the validity of their challenge before the DHHS makes a final decision about their application for licensure.

Neb. Rev. Stat. §38-131: **Criminal background check; when required.** (1) An applicant for an initial license to practice as a registered nurse, a licensed practical nurse, a physical therapist, a physical therapy assistant, a **psychologist**, an advanced emergency medical technician, an emergency medical technician, or a paramedic or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. A criminal background check may also be required for initial licensure or reinstatement of a license governed by the Uniform Credentialing Act if a criminal background check is required by an interstate licensure compact. Except as provided in subsection (3) of this section, the applicant shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check.

(2) This section shall not apply to a dentist who is an applicant for a dental locum tenens under section 38-1122, to a physician or osteopathic physician who is an applicant for a physician locum tenens under section 38-2036, or to a veterinarian who is an applicant for a veterinarian locum tenens under section 38-3335.

(3) An applicant for a temporary educational permit as defined in section 38-2019 shall have ninety days from the issuance of the permit to comply with subsection (1) of this section and shall have his or her permit suspended after such ninety-day period if the criminal background check is not complete or revoked if the criminal background check reveals that the applicant was not qualified for the permit. Effective Date: July 19, 2018

PSYCHOLOGY LICENSE APPLICATION

You must complete all sections of this application

SECTION A: PERSONAL INFORMATION

1	You must print your Legal Name 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	Date of Birth (Month/Day/Year):		Place of Birth (City/State or COUNTRY):
4	Phone #: (optional)*		Additional Phone #: (optional)*
5	E-Mail Address: * phone number and e-mail is optional, but providing this information will speed up communication with you		
6	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#:	
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.			
7	Military Spouse: Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in in Nebraska?		Yes <input type="checkbox"/> No <input type="checkbox"/> If checked yes and you are applying for a temporary license, you must include all documentation identified in the instructions.

SECTION B: FEES

Pay by check or money order to: Licensure Unit

Your cancelled check is your proof of payment. Payment is processed upon receipt. We are unable to accept electronic payments.

The fee you must pay for your license is based on the month and year in which your license will be issued.

License Fee:

(Licenses expire 01/01 of odd years)

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$183	\$183	\$183	\$183	\$183	\$183	45.75	45.75	45.75	45.75	45.75	45.75
Odd Numbered Year	\$183	\$183	\$183	\$183	\$183	\$183	\$183	\$183	\$183	\$183	\$183	\$183

Temporary License Fee: \$50

(License expires 1 year from date of issuance)

SECTION C: LICENSE APPLICATION CATEGORY	
Check the process by which you are applying for a License.	
1 <input type="checkbox"/>	INITIAL LICENSE: I AM APPLYING FOR AN INITIAL LICENSE IN NEBRASKA BASED ON A DOCTORAL DEGREE IN PSYCHOLOGY <ul style="list-style-type: none"> • (APA or Equivalent) and I completed a 1 year internship and 1 year of supervised post-doctoral experience • You must take OR have taken the EPPP Examination and Nebraska Jurisprudence Examination
2 <input type="checkbox"/>	ABPP: I HAVE A CERTIFICATION WITH THE AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY <ul style="list-style-type: none"> • You must take the Nebraska Board-developed Examination and submit evidence of ABPP
3 <input type="checkbox"/>	RECIPROCITY: <input type="checkbox"/> I hold a license in another state <ul style="list-style-type: none"> • (APA or Equivalent) and I completed a 1 year internship and 1 year of supervised post-doctoral experience • You must take OR have taken the EPPP Examination and Nebraska Jurisprudence Examination <input type="checkbox"/> ASPPB Certificate of Professional Qualification (CPQ) - submit evidence of CPQ <input type="checkbox"/> ASPPB Reciprocity Agreement <input type="checkbox"/> Health Service Provider by National Register of Health Service Providers (doctoral level) - submit evidence of HSP <input type="checkbox"/> TEMPORARY LICENSE <u>APPLICABLE TO RECIPROCITY ONLY</u>: Check this box if you wish to be issued a temporary license to practice up to one year pending successful passage of the Nebraska Jurisprudence Examination

SECTION D: EPPP EXAMINATION	
If you have taken the Examination for Professional Practice of Psychology (EPPP) in a State other than Nebraska, you must submit an official copy of the examination scores from the Professional Examination Service, 475 Riverside Dr. New York, New York 10125 OR you may submit official verification of the examination results from the State Licensing Board where the test was administered.	
Date of Examination:	
City and State where Examination was administered:	

You are not required to complete SECTION E if you currently hold a provisional license in Nebraska and have previously submitted your official transcript, OR if you are applying based on: CPQ, ASPPB Reciprocity Agreement, or a current credential at the doctoral level as a Health Service Provider by the National Register of Health Service Providers.				
SECTION E: EDUCATION You must have received (conferred) a doctoral degree from a program of graduate study in professional psychology from an institution of higher education. The degree must be obtained from a program of graduate study in psychology that meets the standards of accreditation adopted by the American Psychological Association (APA). Any applicant from a doctoral program in psychology that does not meet such standards shall present a certificate of retraining from a program of respecialization that does meet such standards.				
1	Last Name on Transcript:			
2	Institution Name:			
3	Institution Address:	Street/PO/Route:		
		City:	State: Zip:	
4	Graduation Information:	Date (month/day/year):	Degree: Major:	
		Is the program of graduate study in psychology accredited by the American Psychological Association (APA)?		Yes <input type="checkbox"/> No <input type="checkbox"/>
		If the program is not APA accredited, name the accrediting body:	Name:	
If the program is <u>NOT</u> accredited by APA, you must complete the program equivalency criteria form http://dhhs.ne.gov/licensure/Documents/APAProgramEquivCriteria.pdf				

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 military, you may submit such evidence with your application for review. Military is defined as 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.

Internship Experience: You are not required to complete **SECTION F** if you currently hold a provisional psychology license in Nebraska and have previously submitted your official transcript, **OR** if you are applying based on: **CPQ, ASPPB Reciprocity Agreement**, or a current credential at the doctoral level as a **Health Service Provider by the National Register of Health Service Providers**.

SECTION F: INTERNSHIP EXPERIENCE

1	Name of Facility where Internship completed:							
	Name of the internship program:							
2	Address:	Street/PO/Route:						
		City:			State:		Zip:	
3	Internship Dates:	From (m/d/y):				To (m/d/y):		
4	Supervisor Name:	First:		Middle/MI:		Last:		
5	Supervisor Credentials:	State/Jurisdiction Licensed:		Type of License:		License Number:		
6	Was the internship APA approved? Yes <input type="checkbox"/> No <input type="checkbox"/>							
<p>If the internship is <u>NOT</u> accredited by APA, you must submit evidence that the internship meets the standards of accreditation adopted by APA by completing Attachment 1 and the internship equivalency criteria form http://dhhs.ne.gov/licensure/Documents/PsychInternEquivApp.pdf</p>								
7	<p><i>Below, provide a brief statement of the services you provided during your internship:</i></p> <hr/> <hr/>							

Postdoctoral Supervised Experience: You are not required to complete **SECTION G** if you are applying based on: **CPQ, ASPPB Reciprocity Agreement**, or a current credential at the doctoral level as a **Health Service Provider by the National Register of Health Service Providers**.

SECTION G: POSTDOCTORAL SUPERVISED EXPERIENCE.
Attachment 2 must be submitted directly to the Department by your supervisor.

1	Name of Facility where experience completed:							
2	Facility Address:	Street/PO/Route:						
		City:			State:		Zip:	
3	Name of Supervisor:	First:		Middle/MI:		Last:		
	Credentials of Supervisor:	State/Jurisdiction Licensed:		Type of License:		License Number:		
4	Date of Experience:	From (month/day/year):				To (month/day/year):		

SECTION H: 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.

You must submit verification of your license completed by the licensing agency in each State(s) in which you are licensed.

1	Have you ever been denied the right to take a license examination? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain below.		
2	What state(s) are/were you credentialed in?	What type of credential(s) do you hold or have you held?		
3	Has your credential 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 Entity Taking Action
<p style="color: red;">If you have disciplinary charges pending or if your credential 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.</p>				
4	<p>If you HOLD a License in another State and applying by reciprocity, have you been in the active and continuous practice of psychology under such license or in an accepted residency or graduate program for 1-year of the 3-years immediately preceding the date of an application for Nebraska license? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
Provide the name of the facility or graduate program, address, and dates actively engaged in the practice of psychology. (Use an additional sheet if space is inadequate.)				
Facility		Address		Dates

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 EVER 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"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving | <ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check |

NOTE: If you have any criminal charges or credential disciplinary actions pending that result in a conviction or credential 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:** <http://dhhs.ne.gov/Pages/Investigations.aspx> or by phone **402-471-0175.**

SECTION I: 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 psychology in Nebraska without a Nebraska license before submitting this application?

Yes.

I **have** practiced psychology 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 J: 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. I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____

Date: _____

Licensure Unit
 301 Centennial Mall South - P.O. Box 94986
 Lincoln, Nebraska 68509-4986
 402-471-4920
dhhs.licensure2117@nebraska.gov

Complete this form only if your Internship was NOT APA Accredited

VERIFICATION OF INTERNSHIP IN PSYCHOLOGY

This form must be completed by the Internship Director and submitted to the Department directly from the Internship Director.

I, _____ verify that _____ has completed a
 (Director's Name) (Applicant's Name)

<input type="checkbox"/> full-time	<input type="checkbox"/> part-time	internship under my direction for _____ hours of supervision per week, during the following time period:		
Date Began(month/day/year):		Date Ended (month/day/year):		
The internship must be at least a full calendar year in duration (365 days) (i.e.: start date is 8/25/2014 and end date is 8/24-25/2015)				
and earned _____ total hours of experience.				
Name of Internship Program:				
Name of On-site Supervisor:				
Name of Facility where Internship was completed:				
Address:		Street/PO:		
		City:	State:	Zip:

1	Did the applicant participate in at least 4 hours of supervision per week? If no, please provide an explanation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Were at least 2 of the 4 hours provided as individual face-to-face supervision? If no, please provide an explanation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Was this supervision provided by at least 2 or more licensed psychologists? If no, please provide an explanation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Nature of services provided by applicant:		
5	Describe the interaction which occurred between interns and applicant:		

6	Describe the range of supervised experience by the applicant in:		
	Assessment:		
	Intervention:		
	Research into the applications of psychology:		
7	Staff names, degrees, state of licensure/certification and license/certification number:		
	Name	Degree	State of Licensure
8	Describe the patient population of the facility:		

Other Comments

Signature of Director

License Number

(OPTIONAL) Telephone Number



VERIFICATION OF POSTDOCTORAL EXPERIENCE IN PSYCHOLOGY

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

This form must be completed by the supervisor for the postdoctoral experience claimed by the applicant and **SUBMITTED DIRECTLY to the Licensure Unit by the Supervisor.**

I, _____ verify that _____
(Supervisor's Name) (Applicant's Name)

has completed at least one year of postdoctorate experience under my supervision. Following are the requirements relating to postdoctoral experience:

- If the postdoctoral experience is to be earned in Nebraska, it must be:
- (1) Registered with the Department prior to commencement in accordance with 172 NAC 155-003.02;
 - (2) Under the supervision of a licensed psychologist (a special licensed psychologist can not supervise);
 - (3) 1,500 or more hours in total duration, including 1,000 or more hours of direct service hours earned in not more than 24 months;
 - (4) Meets the standards of supervision specified in 172 NAC155-002; and
 - (5) Compatible with the knowledge and skills acquired during formal doctoral or postdoctoral education in accordance with professional requirements and relevant to the intended area of practice;

- If the postdoctoral experience is earned outside of Nebraska, it must be:
- (1) Under the supervision of a licensed psychologist or similar title in said state;
 - (2) 1,500 or more hours in total duration, including 1,000 or more hours of direct service hours earned in not more than 24 months; and
 - (3) Compatible with the knowledge and skills acquired during formal doctoral or postdoctoral education in accordance with professional requirements and relevant to the intended area of practice.

Direct Service means a variety of activities, during the internship and/or post doctoral experience, associated with a client system, including collateral contacts, for purposes of providing psychological services.

Examples of direct services are:

- 1. Interviewing;
- 2. Therapy;
- 3. Case Conferences;
- 4. Behavioral Observations and Management;
- 5. Evaluations;
- 6. Treatment Planning;
- 7. Testing;
- 8. Consultations; and
- 9. Biofeedback.

Examples of Non-Direct Services are:

- 1. Insurance/Managed Care Reviews Relating to Payment Judgements;
- 2. Class Room Teaching;
- 3. Supervising Provisionally Licensed Mental Health Practitioners; and
- 4. Receiving Supervision.

Experience was completed at:	Name of Facility:		
Address:	Street/PO:		
	City:	State:	Zip:
Dates of Experience:	From (month/day/year):	To (month/day/year):	
Hours of service:	Direct Service Hours:	Total Hours:	

1	Provide a brief description of the nature of services provided and population served by the applicant:
2	Describe the nature of supervision received by applicant:

Other comments:

Signature of Supervisor

License Number

(OPTIONAL) Telephone Number