NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Psychology
Application Information

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

INFORMATION DURING THE CURRENT STATE OF EMERGENCY IN NEBRASKA.

Examination:
Q: I am unable to take my credential examination because testing centers are closed or have limited numbers of slots available, and there are no alternative options. Is there some way I can get a credential while waiting to take my examination?
A: Yes. Executive Order 20-27 states that the Department may issue a provisional credential to psychology applicants who meet all other requirements for the credential and have registered for the examination (must submit evidence that you have registered for the EPPP examination). This time-limited provisional license will remain active pending examination results, or until December 31, 2020, whichever is sooner.

Fingerprints: Executive Order 20-10 allows psychologists to be issued an initial license before receiving the results of a national criminal history record information check by fingerprint. The applicant must:
a. Submit an application and meet all other requirements of initial licensure,
b. Submit fingerprints to the Nebraska State Patrol (NSP) or have a scheduled date for fingerprinting (provide evidence of such with this application); and
c. Pass Department-conducted checks of the Nebraska Data Exchange Network (NDEN).

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 (see chart on application) and the temporary fee of $50 (unless you qualify for a fee waiver).

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 19 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

EDUCATION AND EXPERIENCE REQUIREMENTS:

INITIAL LICENSE

Doctoral Program: To apply for a license, an application must submit: An official transcript, verifying completion of a doctoral degree from a program of graduate study in professional psychology accredited by the American Psychological Association (APA), directly from the issuing institution, or the Association of State and Provincial Psychology Boards' credentialing data bank, or the National Register. If the program is NOT accredited by the APA, the applicant must submit the following:

(A) Documentation, including syllabi or course descriptions, verifying that the applicant completed the following coursework:
- Scientific and professional ethics;
- Research design and methodology;
- Statistics and psychometics;
- Biological bases of behavior;
- Cognitive and affective bases of behavior;
- Social bases of behavior;
- Individual behavior;
- Assessment and evaluation; and
- Treatment and intervention.

(B) Documentation that the program complies with the following:
- It was clearly identified and labeled as a psychology program and its intent was to education and train psychologists;
- Has a permanent and stable standing, including organizational structure, leadership and funding, within the academic setting;
- Has clear authority and primary accountability for the academic program with an identifiable psychology faculty and has a psychologist who is responsible for the training program;
- Was integrated and has an organized sequence of study, including core course work and profession-wide competencies;
- Has an identifiable body of students who are matriculated in the degree program; and
- Has degree granting authority and was regionally accredited.

(C) Documentation that the program required students to successfully complete the following years of study and residency:
- A minimum of 3 full-time academic years of graduate study, or equivalent, and an internship prior to receiving the doctoral degree;
- Two of the 3 academic years, or equivalent, must be at the program from which the doctoral degree is granted; and
- One year must be a full-time residency, or the equivalent, at the degree granting program. If the program is an on-line program, at least 600 hours must be live face-to-face in person interaction with faculty and students.

Internship: Documentation of completion of an internship that was accredited by the APA or if the internship is not accredited by the APA, the applicant must submit:
- Verification that the internship was accredited by the Association of Psychology Postdoctoral and Internship Centers (APIC); OR
- Verification and documentation of the following:
  - The official school, college or university transcript must show completion of practica prior to entering the internship;
  - A letter from the internship director or a copy of the internship brochure that verifies the purpose of the internship was to train psychologists for the independent provision of direct psychology services;
  - The internship was at least 12 months in duration and consisted of at least 1,500 hours in not more than 24 months. School psychology internships may be 10 months in duration;
  - The internship was directed by a licensed psychologist;
  - The internship was sequentially organized with progressively increased levels of responsibility and skills;
  - The internship required 4 hours of supervision per week, 2 of the 4 hours were individual face-to-face. For part time internships, the supervision requirements must be proportional to these standards;
  - The internship had 2 or more supervising licensed psychologists on-site; and
  - The internship included positions for 2 or more psychology interns.

Supervised Postdoctoral Experience: Documentation of completion of at least 1 year of supervised postdoctoral experience.

Completed In Nebraska. If the postdoctoral experience was completed in Nebraska, the applicant must provide documentation that the applicant:

- Holds or has held a provisional license in Nebraska; and
- Has completed postdoctoral experience as follows:
  - Met the standards of supervision as set out in regulations;
  - Included 1,500 or more hours in total duration, including 1,000 or more hours of direct service hours earned in not more than 48 months; and
  - 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.

Completed Outside Of Nebraska. If the postdoctoral experience was completed outside of Nebraska, it must have Included 1,500 or more hours in total duration, including 1,000 or more hours of direct service hours earned in not more than 48 months.

Examination: Documentation of passing the national standardized examination with a minimum scaled score of 500 for all doctoral candidates and passing the Nebraska jurisprudence examination with a minimum score of 80%. The national standardized examination requirement is waived for applicants are board-certified by the American Board of Professional Psychology.

RECIPROCITY LICENSE

To obtain a license based on reciprocity, the applicant must submit documentation of:

- A current license in another jurisdiction; AND
- A current Certification of Professional Qualification (CPQ) through the Association of State and Provincial Psychology Boards or a current credential at the doctoral level as a Health Service Provider by the National Register of Health Service Providers; OR
- Meeting the requirements to obtain an initial license as listed above.

Examination. Applicants must submit documentation of passing the Nebraska jurisprudence examination with a minimum score of 80%.

Temporary License. To obtain a temporary license, an individual must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the reciprocity requirements, except passage of the Nebraska jurisprudence examination.

To apply you must submit the following:

Checklist of Required Documents

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

2. ☐ **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/PsychInternEquivApp.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.

3. ☐ **Attachment 2:** Verification of Postdoctoral Experience in Psychology.
Your supervisor must submit this document directly to our office.

4. ☐ **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.

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 SOME examples of convictions; this is NOT a complete list	
• MIP/ Tobacco Use by Minor	• Driving under Suspension / Revocation
• DUI / DWI / Open Container	• License Vehicle without Liability Insurance
• Controlled Substance	• False Information or Reporting
• Shoplifting / Theft / Burglary	• Reckless Driving / Leave the Scene of an Accident
• Unauthorized use of a Financial Transaction	• Operator not Carrying License
• Disturbing the Peace	• Unlawful Display of Plates/Renewal tabs
• Assault / Prostitution	• Park Rule Violation / Curfew Violation
• Disorderly Conduct / Disorderly House	• Dog at Large / Fail to Vaccinate Animal
• Fail to Appear in Court	• Littering / Fireworks / Bad Check

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 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. ☐ **Reciprocity Information:**

	Temporary License Issued for a max of 1 year pending pass jurisprudence exam	
	Holds a license in another State **AND**	
		ASPPB Certificate of Professional Qualification (CPQ) – copy submitted **OR**
		Health Service Provider by National Register of Health Service Providers (doctoral level) - **submit evidence of HSP OR**
		Meets the initial licensing requirements

8. ☐ **EPPP Examination:** You must have submitted an Official Examination Score Report from PES and

If you are board-certified by the **American Board of Professional Psychology, the EPPP examination is waived**.

☐ **State Jurisprudence Examination:** Have completed the Nebraska Jurisprudence Examination. To take the examination go to: https://www.proprofs.com/quiz-school/story.php?title=nebraska-psychology-jurisprudence-exam04

9. ☐ **Fee:** The required fee, unless you qualified for a fee waiver (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 'PSY'. 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

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at https://www.fbi.gov/about-us/cjis/background-checks.

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986
Dhhs.licensure2117@nebraska.gov
402-471-2117

PSYCHOLOGY LICENSE APPLICATION

Mail this application to the address listed above.

You must complete all sections of this application

FEES

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 the fee listed in the below chart.

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.

License Fee: (Licenses expire 01/01 of odd years)
The fee you must pay for your license is based on the month and year in which your license will be issued.

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 A: 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	Social Security Number (SSN):			

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.

4	If you ARE NOT a U.S. Citizen, list your Alien Registration # or I-94 #:	☐ A#: ☐ I-94 #	
5	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):	
6	Phone #:	Additional Phone #: (optional)	
	E-Mail Address:		
7	Have you ever been denied the right to take a license examination in any State?	Yes ☐ No ☐ If yes, explain:	
8	**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 ☐ No ☐ If checked yes and you are applying for a temporary license, you must include all documentation identified in the instructions.	

SECTION B: LICENSE APPLICATION CATEGORY

Check all processes by which you are applying for a License.

☐ **INITIAL LICENSE:**

I AM APPLYING FOR AN INITIAL LICENSE IN NEBRASKA BASED ON A DOCTORAL DEGREE IN PSYCHOLOGY

- (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

☐ **PROVISIONAL LICENSE UNDER EO 20-27:**
(must meet requirements of Initial license as listed above, except for passage of the EPPP examination)

☐ **RECIPROCITY:**

I AM APPLYING FOR A LICENSE IN NEBRASKA BASED ON HOLDING A LICENSE IN ANOTHER STATE
AND

☐ ASPPB Certificate of Professional Qualification (CPQ) – submit CPQ verification
OR

☐ Health Service Provider by National Register of Health Service Providers (doctoral level) - submit HSP verification
OR

☐ Meets the initial licensing requirements

☐ **TEMPORARY LICENSE** **APPLICABLE TO RECIPROCITY ONLY:**
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 Issued for a max of 1 year pending pass jurisprudence exam

SECTION C: 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.

If you are board-certified by the American Board of Professional Psychology, the EPPP examination is waived – you must submit a copy of your ABPP.

Date of Examination:	
City and State where Examination was administered:	

Education: If you HOLD a Provisional psychology license in Nebraska, a CPQ, or a current credential at the doctoral level as a **Health Service Provider by the National Register of Health Service Providers, you are NOT required to complete this section**

SECTION D: 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 ☐ No ☐
		If the program is not APA accredited, name the accrediting body:	Name:	

If the program is NOT accredited by APA, you must complete the program equivalency criteria form http://dhhs.ne.gov/licensure/Documents/APAProgramEquivCriteria.pdf

Internship Experience: If you HOLD a Provisional psychology license in Nebraska, a CPQ, or a current credential at the doctoral level as a **Health Service Provider by the National Register of Health Service Providers, you are NOT required to complete this section**

SECTION E: 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 ☐ No ☐				

If the internship is NOT 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**

7	*Below, provide a brief statement of the services you provided during your internship:* _____ _____

Postdoctoral Supervised Experience:
If you HOLD a Provisional psychology license in Nebraska, a CPQ, or a current credential at the doctoral level as a **Health Service Provider by the National Register of Health Service Providers, you are NOT required to complete this section**

SECTION F: 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):	

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.

SECTION G: 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 **EVER** been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes ☐ No ☐			

The following provides SOME examples of convictions; this is NOT a complete list	
• MIP/ Tobacco Use by Minor	• Driving under Suspension / Revocation
• DUI / DWI	• License Vehicle without Liability Insurance
• Controlled Substance	• Fail to Appear in Court
• Open Container	• False Information or Reporting
• Shoplifting / Theft / Burglary	• Leave the Scene of an Accident
• Unauthorized use of a Financial Transaction	• Operator not Carrying License
• Disturbing the Peace	• Unlawful Display of Plates/Renewal tabs
• Assault / Prostitution	• Park Rule Violation / Curfew Violation
• Disorderly Conduct / Disorderly House	• Dog at Large / Fail to Vaccinate Animal
• Reckless Driving	• 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**.

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	What state(s) are/were you credentialed in?	What type of credential(s) do you hold or have you held?		
2	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Licensure Action	Date of Action	Name of Entity Taking Action
	Yes ☐ No ☐			
	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.			
3	**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 ☐ No ☐			
	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

SECTION H: 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 out 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 I: 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.

OR

☐ 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: _____

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

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)

☐ full-time	☐ 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:	☐ Yes	☐ No
2	Were at least 2 of the 4 hours provided as individual face-to-face supervision? If no, please provide an explanation:	☐ Yes	☐ No
3	Was this supervision provided by at least 2 or more licensed psychologists? If no, please provide an explanation:	☐ Yes	☐ 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**	**License Number**

8	Describe the patient population of the facility:

Other Comments

Signature of Director

License Number

(OPTIONAL) Telephone Number

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

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

VERIFICATION OF POSTDOCTORAL EXPERIENCE IN PSYCHOLOGY

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