

**APPLICATION FOR APPOINTMENT
BOARD OF ALCOHOL AND DRUG COUNSELING**
(Alcohol and Drug Counselor Member)

PLEASE PRINT OR TYPE

Name: First _____ Middle _____ Last _____

Credentials, i.e. PhD, RN, MS, etc. _____

Address: Street/Box/RR _____

City _____ State ____ Zip _____

Work Phone _____ Cell/Pager _____ Home Phone _____

Email Address _____ FAX Number _____

Are you available to meet, usually in Lincoln, on a monthly basis if necessary or required for board meetings?
Yes No

How did you become aware of this vacancy on this Board?
Professional Association DHHS Web Page Newspaper Other (please explain)

ELIGIBILITY REQUIREMENTS

Do you hold a current Nebraska license to practice as an alcohol and drug counselor? Yes No (Statutes require every alcohol and drug counselor member of the board shall have held and maintained an active alcohol and drug counselor license for a period of five years just preceding appointment and shall maintain such license while serving as a board member.)

Have you been actively engaged in the practice of alcohol and drug counseling for the five (5) years just preceding this application? Yes No (Statutes require every alcohol and drug counselor member of the board shall have been actively engaged in the practice of alcohol and drug counseling for a period of five years just preceding appointment and shall maintain such practice while serving as a board member. Active practice means devoting a substantial portion of time to rendering professional services.)

How many years have you been engaged in the practice of alcohol and drug counseling? _____

Do you hold a current Nebraska license to practice as a psychologist or mental health practitioner? Yes No (Statutes require that three of the licensed alcohol and drug counselors on this board may also be licensed as psychologists or mental health practitioners and three of the licensed alcohol and drug counselors on this board SHALL NOT be licensed as psychologists or mental health practitioners.)

Have you been a resident of the State of Nebraska for at least one (1) year? Yes No (Statutes require board members to be a Nebraska resident for one year prior to appointment, and remain a resident while serving.)

EDUCATION

School _____ Location _____

Degree/Specialty _____ Completed Date _____

School _____ Location _____

Degree/Specialty _____ Completed Date _____

(please complete page two)

WORK EXPERIENCE AS AN ALCOHOL AND DRUG COUNSELOR WITHIN THE LAST FIVE YEARS IN NEBRASKA

Position Title	Name & Location	From	To	# of Hours Per Week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL INFORMATION

Please describe your interest in alcohol and drug counseling and why you wish to serve on this Board.

Legislative intent was established that there be at least one member serving on this professional board who is recovering from drug and/or alcohol addiction. *Disclosure of this information is voluntary and this form is a public document.*

Are you aware of any reason why your appointment might be considered a conflict of interest as defined in Title 172 NAC 3, Regulations Establishing Definitions of Conflicts of Interest for Members of the Boards of Examiners in the Health Professions? Yes No If yes, please explain.

Have you ever had your statutory ability to practice or clinical privileges suspended or revoked? Yes No

Are you currently under investigation? Yes No

Are you a veteran of the U.S. Armed Forces, or National Guard? Yes No
If yes, is your military experience related to your current practice? Yes No

I swear and affirm that all information I have provided on this application is true and complete to the best of my knowledge.

Signature

Date

Return completed Application to: Monica Gissler, State Board of Health
DHHS, Division of Public Health, Licensure Unit, P.O. Box 95026, Lincoln, NE 68509-5026
402/471-6515; FAX 402/471-0383; Monica.gissler@nebraska.gov

4/17/2018