



**STATE OF NEBRASKA**  
 Department of Health and Human Services  
 Division of Public Health – Licensure Unit  
 301 Centennial Mall South, P.O. Box 94986  
 Lincoln, Nebraska 68509-4986 (402-471-4905)

Please Type or Print Clearly

**PSYCHOLOGY APPLICATION PERSONS  
 WHO HAVE AT LEAST 20-YEARS OF  
 LICENSURE TO PRACTICE PSYCHOLOGY  
 IN THE UNITED STATES OR CANADA**

It is your responsibility to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

**To qualify, you must:**

1. Hold a current license based on a doctoral degree in psychology;
2. Have at least 20 years of licensure to practice psychology in the United States or Canada;
3. Have had no disciplinary sanction during the entire period of licensure; and
4. Pass the Nebraska Board-developed jurisprudence examination with a minimum score of 80%.

**SECTION A – PERSONAL INFORMATION** (All applicants must complete this section) **This section is public information and will be displayed on the INTERNET <http://www.nebraska.gov/LISSearch/search.cgi>**

**NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.**

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other Names you are known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:

Additional information requested: *(This information is not displayed on the internet)*

3	Date of Birth:	Month/Day/Year:	Place of Birth:	City/State or Country:
4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);	SSN#	
		<input type="checkbox"/> Alien Registration Number (“A#”); or	A#	
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:	I-94 #	
If you have both a SSN and an A# or I-94 number, you must report both. Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.				
5	Phone #: (optional)		Fax #: (optional)	E-Mail Address: (optional)

**FEE:** Determine the month and year in which you are submitting your application by using the chart below.

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

**Make payable to: Licensure Unit years**

**NOTE: Licenses expire 01/01 of odd years**

<b>SECTION B – LICENSE INFORMATION</b> (All applicants must complete this section)							
Psychology License Number:	#:	Date of Issuance:	(month/day/year)				
State or Canadian Province of Licensure:		<b>NOTE: Attachment D1 must be completed by the State or Canadian Province in which you are licensed.</b>					
Do you have a disability that requires any accommodations for taking the examination? If yes, an "Accommodation Request" form (ATTACHMENT P) must be completed and submitted by the examination deadline date.			<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						

<b>SECTION C – CONVICTION AND LICENSURE INFORMATION</b> (All applicants must complete this section) <b>Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.</b>
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**NOTE:** If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days <http://www.dhhs.ne.gov/reg/investi.htm> or by telephone at 402-471-0175.

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation (see page 5 of application).

**Conviction Information:**

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you <b>EVER</b> been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

**Licensure Information:**

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.

		Yes	No			
2	Are you licensed in any state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?	
3	Has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of Entity taking Action
4	Have you ever been denied the right to take an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

<b>SECTION D - EDUCATION:</b> All applicants must complete this section and submit or cause to be submitted an Official Transcript of a Doctoral Degree in Psychology <i>sent directly from the institution to the Licensure Unit.</i>			
1	Last Name on Transcript:	Name:	
2	Institution Name:		
3	Institution Address:	Street/PO/Route:	
		City:	State: Zip:
4	Graduation Information:	Date (month/day/year):	Degree: Major:

<b>SECTION E - EMPLOYMENT:</b> All applicants must complete this section			
Employment Site:		Name:	
Address:	Street/PO/Route:		
	City:	State:	Zip:
Dates Employed:	From (month/day/year):	To (month/day/year):	
Telephone Number:	#:		
Employment Site:		Name:	
Address:	Street/PO/Route:		
	City:	State:	Zip:
Dates Employed:	From (month/day/year):	To (month/day/year):	
Telephone Number:	#:		
Employment Site:		Name:	
Address:	Street/PO/Route:		
	City:	State:	Zip:
Dates Employed:	From (month/day/year):	To (month/day/year):	
Telephone Number:	#:		

If additional space is needed, please attach an addendum.

<b>SECTION F – PRACTICE PRIOR TO CREDENTIAL</b> An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.		
1	I have practiced psychology in Nebraska before submitting the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____
		Name of Business: _____
		City: _____
		Telephone #: _____

<b>SECTION G - ATTESTATION</b>	
<b><u>Lawful Presence in the United States Attestation:</u></b>	
For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:	
<i>Please check the appropriate box below:</i>	
<input type="checkbox"/> I am a citizen of the United States.	
<input type="checkbox"/> I am an alien lawfully admitted into the United State who is eligible for a credential under the Uniform Credentialing Act.	
<input type="checkbox"/> I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States.	
If you are <u>not a citizen</u> of the United States, complete the following:	
For the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, I attest as follows:	
<input type="checkbox"/> I am a qualified alien under the Federal Immigration and Nationality Act.	
My immigration and alien number are as follows: _____ and I agree to provide a copy of my USCIS	
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.	
<b><u>Application Attestation:</u></b> I further attest that:	
1. I have read the application or have had the application read to me;	
2. All statements on the application are true and complete;	
3. I am of good character; and	
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. §§38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).	
Print Name: _____	
Signature: _____	Date: _____



**NOTE:** In order for your application to be considered complete, all applicants **MUST** also submit a copy of the following documents:

1.  Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2.  Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a **copy** of at least one of the following documents:
  - (1) A U.S. Passport (unexpired or expired);
  - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
  - (3) An American Indian Card (I-872);
  - (4) A Certificate of Naturalization (N-550 or N-570);
  - (5) A Certificate of Citizenship (N-560 or N-561);
  - (6) Certification of Report of Birth (DS-1350);
  - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
  - (8) Certification of Birth Abroad (FS-545 or DS-1350);
  - (9) A United States Citizen Identification Card (I-197 or I-179);
  - (10) A Northern Mariana Card (I-873);
  - (11) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
  - (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
  - (13) A document showing an Alien Registration Number ("A#") with visa status; or
  - (14) A Form I-94 (Arrival-Departure Record) with visa status;
3.  Education: You must have your school submit (directly to our office) an official school/college/university transcript;
4.  Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
  - (1) A copy of the court record, which includes charges and disposition;
  - (2) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
  - (3) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
  - (4) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
5.  Other Credentialing Info: If you hold/ have held a credential to provide health services, health-related services, or environmental services in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential (Attachment D1);
6.  Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;
7.  Fee: The required fee (see chart on page 1 of this application); and
8.  Examination Application: You must submit the required examination application (Attachment D2).

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.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health-Licensure Unit
P.O. Box 94986
Lincoln, Nebraska 68509-4986
402-471-4905 cindy.l.kelley@nebraska.gov

TWENTY YEARS OF LICENSURE
CERTIFICATION
OF PSYCHOLOGY LICENSURE

(Must be completed by certifying/licensing agency)
(Print or Type)

Our records indicate that \_\_\_\_\_ was licensed as a Psychologist on
\_\_\_\_\_ and was issued license number \_\_\_\_\_ such license expires \_\_\_\_\_.

Was the license issued on the basis of a doctoral degree in psychology? O yes O no

It is further verified that based on the records in this Department, the applicant's license has:

- a) been suspended, O yes O no
b) been revoked, O yes O no

If yes to any of these questions, please explain:

\_\_\_\_\_
\_\_\_\_\_

and has been maintained in good standing up to and including the present date, yes O no O and that so far as the records of this
agency are concerned, the applicant is entitled to the endorsement of this agency.

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

Signature (No Stamp) \_\_\_\_\_

Name and Title \_\_\_\_\_

OPTIONAL:

Telephone Number: \_\_\_\_\_
Area Code

Licensing Agency \_\_\_\_\_

Address \_\_\_\_\_

(S E A L)

City/State/Zip Code \_\_\_\_\_



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**APPLICATION  
 FOR THE PSYCHOLOGY  
 BOARD-DEVELOPED EXAMINATION**

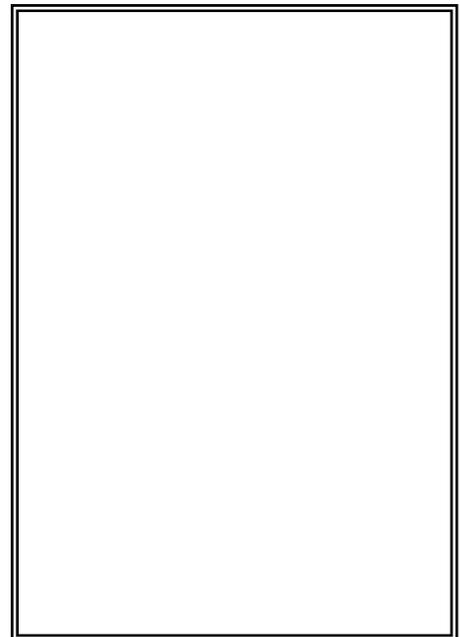
(Print or Type)

<b>SECTION A - PERSONAL INFORMATION</b> (All applicants must complete this section) – Name and Address are public information																	
1	Name	Last:	First:	Middle/Maiden:													
2	Address	Street/PO/Route:															
		City:	State:	Zip:													
3	Telephone (Optional)																
4	Date requesting to take the examination (Check the date you wish to be scheduled)																
<p>Oral Examinations for the year 2009 will be administered on the dates indicated in the following chart. Deadline for application submission is the first Monday of the month you wish to test. The examinations begin at 10:00 a.m. and each candidate will be scheduled individually for approximately 15 minutes.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 16.6%;">January 2009</th> <th style="width: 16.6%;">March 2009</th> <th style="width: 16.6%;">May 2009</th> <th style="width: 16.6%;">July 2009</th> <th style="width: 16.6%;">September 2009</th> <th style="width: 16.6%;">November 2009</th> </tr> <tr> <td style="text-align: center;">16 <input type="checkbox"/></td> <td style="text-align: center;">20 <input type="checkbox"/></td> <td style="text-align: center;">15 <input type="checkbox"/></td> <td style="text-align: center;">17 <input type="checkbox"/></td> <td style="text-align: center;">18 <input type="checkbox"/></td> <td style="text-align: center;">20 <input type="checkbox"/></td> </tr> </table>						January 2009	March 2009	May 2009	July 2009	September 2009	November 2009	16 <input type="checkbox"/>	20 <input type="checkbox"/>	15 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>	20 <input type="checkbox"/>
January 2009	March 2009	May 2009	July 2009	September 2009	November 2009												
16 <input type="checkbox"/>	20 <input type="checkbox"/>	15 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>	20 <input type="checkbox"/>												
5	Do you have a disability that requires any accommodations for taking the examination?				Yes <input type="checkbox"/>	No <input type="checkbox"/>											
If yes, an accommodation request form must be completed (This form is available from the Credentialing Division.)																	

**SECTION B - PHOTOGRAPH** (All applicants must provide a photograph for purposes of identification and admission to the Examination. Applicants may request to have the photograph returned to them following the examination.)

Attach a recent photograph(s) in the space provided to the right, measuring 2" x 3".

Picture must be a frontal view of applicant's head and shoulders.



\_\_\_\_\_  
 (Signature of Applicant)

\_\_\_\_\_  
 Date