



**STATE OF NEBRASKA**

Division of Public Health - Licensure Unit  
P.O. Box 94986 – 301 Centennial Mall South  
Lincoln, Nebraska 68509-4986  
Telephone #: 402-471-4970 debra.lamprecht@nebraska.gov

**APPLICATION FOR PROVISIONAL  
LICENSURE/CERTIFICATION**

**Check the appropriate application(s) below:**

Provisional License as a Mental Health Practitioner (PLMHP) and earning experience for an Associated Certificate in:

- Marriage and Family Therapy
- Professional Counseling
- Social Work

Provisional Certification as a Master Social Worker  
**(if you check ONLY this category (PCMSW), you may not provide psychotherapy and/or mental health services)**

**FEE: \$125**  
**NOTE: Licenses expire 5 years from date of issuance**

**(Must be earning post-master's experience in Nebraska to qualify)**

**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	Primary Practice Site (must be in Nebraska):	Street/PO/Route:		
		City:	State or Country:	Zip:

**(NOTE: All mailings from this office will be sent to the above employment - if you change your employment address or supervisor(s), you must contact this office for further instructions.**

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)

**SECTION B – SUPERVISOR'S PERSONAL INFORMATION – SUPERVISOR MUST BE LOCATED IN NEBRASKA (All licensees who will be supervising the applicant's 3,000 hours of post-master's experience must be listed in this section) The information in this section will NOT be on the INTERNET. If the primary supervisor is a psychologist, s/he can only supervise up to a combined total of 4 provisional licensed mental health practitioners/provisional licensed psychologists.**

1	Supervisor's Name:	First:	Middle:	Last:
	Business Address:	Name of Facility:		
		Street/PO/Route:		
		City:	State:	Zip:
License #:		Business Telephone #: OPTIONAL		
2	Second Supervisor's Name:	First:	Middle:	Last:
	Business Address:	Name of Facility:		
		Street/PO/Route:		
		City:	State:	Zip:
License #:		Business Telephone #: OPTIONAL		

**SECTION C - PLAN OF SUPERVISION: Check *all* that apply.**

These hours must be earned after receipt of an approved master's degree and within the 5 years immediately prior to the date an application for a full license is submitted.

**Mental Health Practice Supervision:**

**Activities:** treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations.

- Total supervision will include a minimum of 1,500 direct (face-to-face) client contact hours and not more than 1,500 non-direct hours under supervision:  
 Yes  No If no, state reason why : \_\_\_\_\_
- The supervision will start on \_\_\_\_\_, and should be completed on approximately \_\_\_\_\_.
- The supervision will include face-to-face contact for a minimum of one hour per week:  
 Yes  No If no, state reason why: \_\_\_\_\_

Supervisor's Credentials:  qualified physician **(must submit vitae showing specialized training in mental health or a copy of documentation showing the physician is a board certified psychiatrist)**  
 licensed psychologist  
 licensed mental health practitioner  
 licensed independent mental health practitioner

## Marriage and Family Therapy Supervision:

**Activities:** assessment and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems through the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such disorders.

- I further state the supervised experience: will focus on raw data from clinical work which will be made directly available through such means as written clinical materials, direct observation, and video and audio recording; including a process which is distinguishable from personal psychotherapy or didactic instruction:  Yes  No
- Additionally, the supervision will include face-to-face contact for a minimum of a cumulative ratio of 2 hours per week per 15 hours of supervisee's contact with clients, no more than 45 hours shall accumulate without supervision, and will not include more than 6 persons at one face-to-face supervisory setting:  Yes  No

Supervisor Credentials:  Training in clinical supervision equivalent to 15 didactic hours, and 3 years of experience supervising the provision of MFT. (**documentation of training AND supervision must be submitted**):  
 "Approved Supervisor" designation certificate from the AAMFT

## Master Social Worker Supervision: Activities (check the activities that will be performed)

	Yes	No
Information, resource identification and development, and referral services	<input type="checkbox"/>	<input type="checkbox"/>
Preparation and evaluation of psychosocial assessments and development of social work service plans	<input type="checkbox"/>	<input type="checkbox"/>
Case management, coordination, and monitoring of social work service plans in the areas of personal, social, or economic resources, conditions, or problems	<input type="checkbox"/>	<input type="checkbox"/>
Development, implementation, and evaluation of social work programs and policies	<input type="checkbox"/>	<input type="checkbox"/>
Supportive contacts to assist individuals and groups with personal adjustment to crisis, transition, economic change, or a personal or family member's health condition	<input type="checkbox"/>	<input type="checkbox"/>
Social casework for and prevention of psychosocial dysfunction, disability, or impairment	<input type="checkbox"/>	<input type="checkbox"/>
Social work research, consultation, and education	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor's Credentials: <input type="checkbox"/> Licensed Mental Health Practitioner and/or <input type="checkbox"/> Licensed Independent Mental Health Practitioner <b>and</b> Certified Master Social Worker <input type="checkbox"/> Certified Master Social Worker (does not hold a LMHP and/or LIMHP)		

**You must have a qualified supervisor designated in order to apply for this license and you must obtain said experience in Nebraska.**

**SECTION D - SUPERVISOR ATTESTATION** (The licensees who will be supervising the applicant's 3,000 hours of post-master's experience must complete this section of the application)

**Supervisor Must Complete the following:**

\_\_\_\_\_  
**Provisional Applicant's Name:**

I, \_\_\_\_\_, say that I  
(Name of Supervisor)

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

\_\_\_\_\_  
(Legal Signature of Supervisor)

\_\_\_\_\_ date

**Second Supervisor Must Complete the following:**

\_\_\_\_\_  
**Provisional Applicant's Name:**

I, \_\_\_\_\_, say that I  
(Name of Supervisor)

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

\_\_\_\_\_  
(Legal Signature of Supervisor)

\_\_\_\_\_ date

## MENTAL HEALTH PRACTICE COURSEWORK

### SECTION E - MENTAL HEALTH COURSEWORK

**YOU MUST SUBMIT: An official transcript verifying receipt of your master's or doctorate degree**

Name of College/University: \_\_\_\_\_ Degree Received: \_\_\_\_\_  
Major: \_\_\_\_\_ Date Degree Conferred: \_\_\_\_\_

**If you received a master's degree from one of the following accredited programs, you do not have to complete the information listed below in coursework review:**

**Check applicable accreditation:**

- Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
- Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Council on Social work Education (CSWE)

### COURSEWORK REVIEW

**If you received a master's degree from a program other than those listed as accredited, your degree must consist of course work and training which was primarily therapeutic mental health in content from an institution of higher education approved by for the Council for Higher Education Accreditation (CHEA) or its successor; and you must submit course descriptions for each course(s) listed below (course descriptions may be copies found in the college catalogue, bulletin, or syllabus)**

*(Please list the name of the course, the course number and the name of the institution in which the course was completed).*

**A. PRACTICUM OR INTERNSHIP** *(If completed after September 1, 1995, the practicum or internship must include a minimum of 300 clock hours of direct client contact of which 150 clock hours must be face-to-face in a work setting under the supervision of a qualified supervisor – Any artificial situation where a person presents a problem, such as role playing, is not acceptable) **Your supervisor or internship director must submit Attachment C1 to verify fulfillment of the practicum/internship requirement.***

Name of Course	Course Number	College/University

If your **practicum** was **completed prior to September 1, 1995**, there is no hour requirement and Attachment C1 is not required – however, you must still list the practicum/internship above.

### Coursework Areas Required by Nebraska

**1. THEORIES AND TECHNIQUES OF HUMAN BEHAVIOR INTERVENTION: At least 6 semester hours or 9 quarter hours.**

Courses that cover therapeutic techniques and strategies for human behavioral intervention. This includes major contributions of the biological, behavioral, cognitive, and social sciences relevant to understanding assessment and treatment of the person and his/her environment with emphases on the social systems framework, personality theories and individual development through the life cycle, and their application.

Name of Course(s)	Course Number	College/University

**2. PROFESSIONAL ETHICS AND ORIENTATION: At least 3 semester hours or 4.5 quarter hours.** The application of ethical and legal issues to the practice. Examples are: family law, codes of ethics, boundaries, peer review, record keeping, confidentiality, informed consent, and duty to warn.

Name of Course(s)	Course Number	College/University

<b>SECTION E – Mental Health Practice COURSE WORK (Continued)</b>		
<b>3. ASSESSMENT TECHNIQUES REQUIRED FOR MENTAL HEALTH PRACTICE: At least 3 semester hours or 4.5 quarter hours.</b> Includes the process of collecting pertinent data about client or client systems and their environment and appraising the data as a basis for making decisions regarding treatment and/or referral. Examples are: ability to make a clinical diagnostic impression, knowledge of psychopathology, and assessment of substance abuse and other addictions.		
<i>Name of Course(s)</i>	Course Number	College/University
<b>4. HUMAN GROWTH AND DEVELOPMENT: At least 3 semester hours or 4.5 quarter hours.</b> The intergration of the psychological, sociological and biological approaches within the life cycle. Examples are: awareness of culture, gender, or human sexuality at all developmental levels, human behavior (normal and abnormal), personality theory, and learning theory.		
<i>Name of Course(s)</i>	Course Number	College/University
<b>5. RESEARCH AND EVALUATION: At least 3 semester hours or 4.5 quarter hours.</b> Includes such areas as statistics or research design and development of research and demonstration proposals.		
<i>Name of Course(s)</i>	Course Number	College/University

Undergraduate Courses: Graduate programs accepting an undergraduate course(s) as meeting the above course criteria will be acceptable. The school must submit a notarized letter, on institutional letterhead, from an authorized person, i.e., the Department Chair of the program, stating the undergraduate course(s) was accepted to meet the educational requirement(s) of the master's degree.

For Office Use Only Date reviewed: _____ by: _____
---

**SECTION F – CONVICTION AND LICENSURE INFORMATION** (All applicants must complete this section)  
**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.**

**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 7 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 a credentialing examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

<b>SECTION G – 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 mental health 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 #: _____

**SECTION H - ATTESTATION**

**Lawful Presence in the United States Attestation:**

For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

*Please check the appropriate box below:*

- I am a citizen of the United States.
- I am an alien lawfully admitted into the United State who is eligible for a credential under the Uniform Credentialing Act.
- 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 not a citizen 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:

- 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 document

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.

**Application Attestation:** 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 (Hospital issued keepsake birth certificates are not acceptable);
  - (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 submitted an official school/college/university transcript; If you received a master's degree from a program other than those listed as accredited (see page 4) , you must submit course descriptions for each course(s) listed (course descriptions may be copies found in the college catalogue, bulletin, or syllabus);
4.  Supervisor: Supervisor credentials if requested (see page 2&3);
5.  Conviction Information: If you have ever been convicted of a misdemeanor or felony, 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;
6.  Other Credentialing Info: If you hold or have held a credential to provide health services, health-related services, or environmental services in another jurisdiction, you must have the licensing agency submit a certification of your credential (Attachment C4);
7.  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;
8.  Fee: The required fee (see chart on page 1 of this application).

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

**FORWARD THIS COMPLETED FORM TO:**

Licensure Unit  
P. O. Box 94986  
Lincoln, NE 68509-4986  
(402-471-4970 debra.lamprecht@nebraska.gov)

*If your practicum/internship was completed after  
September 1, 1995,  
this form **MUST** be completed by the  
on-site supervisor or internship director.*

**AFFIDAVIT OF SUPERVISED  
PRACTICUM OR INTERNSHIP FOR  
MENTAL HEALTH PRACTICE**

I, \_\_\_\_\_, state that I am a qualified supervisor, in the profession of:  
(PRINT supervisor's name)

- mental health practice
- marriage and family therapy
- social work
- psychology,

and that I am acquainted with \_\_\_\_\_ (name of applicant) and he/she has completed a practicum/internship, which included a minimum of 300 clock hours of direct client contact of which 150 clock hours must be face-to-face in a work setting, providing mental health services under my supervision.

The practicum/internship was completed at: \_\_\_\_\_ (name of business),  
in \_\_\_\_\_ (city) \_\_\_\_\_ (state).

**Mental Health Services means** treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations.

**Marriage and Family Therapy**  
 **Check here if** the applicant is also applying for certification as a Marriage and Family Therapist, the following must be completed:  
 I further verify that the above named applicant has at least 300 clock hours of supervised direct client contact with individuals, couples and families. Of these 300 hours, no more than 150 hours were with individuals.

I hereby state that I am the person completing this form and the statements are true and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print/type) SUPERVISOR Name Title

\_\_\_\_\_  
License/Certificate number  
of Supervisor

\_\_\_\_\_  
AGENCY/INSTITUTION

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR or INTERNSHIP DIRECTOR

If you are the Internship Director, please identify the on-site supervisor:

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

License type: \_\_\_\_\_ Lic # \_\_\_\_\_

**You may make additional copies of this form if supervised by more than one supervisor**

Applicant Name: \_\_\_\_\_

**MARRIAGE AND FAMILY THERAPIST (CMFT) IF YOU PLAN TO EARN HOURS FOR MFT CERTIFICATION, YOU MUST COMPLETE THE FOLLOWING COURSEWORK**

**SECTION G - *Marriage and Family Therapy* COURSE WORK requirements**

**COAMFTE approved:** If you graduated from a marriage and family therapy program that was approved by COAMFTE, you do not need to complete the following coursework.

**COURSEWORK REVIEW**

For related MFT programs or NON-COAMFTE programs, list the name of the course, the course number and the name of the institution in which the course was completed. ***An official course description must be attached for each course listed.***

**1. MARRIAGE AND FAMILY STUDIES (9 semester or 13.5 quarter or a combination of these hours)** Courses in this area should be a fundamental introduction to systems theory. The student should learn to understand family structures and functioning within the social systems framework (including environmental context) and regarding diverse range of presenting issues (i.e. gender, cultural, substance abuse). Topic areas may include: systems theory, family development, family subsystems, blended families, gender issues in families, cultural issues in families, etc.

This area must have a major focus from systems theory orientation and encompass the social systems orientation. Survey or overview courses in which systems in one of several theories covered is not appropriate. Courses in which systems theory is the overarching framework and other theories are studied in relations to systems theory are appropriate.

Course Name	Course #	College/University

**2. MARRIAGE AND FAMILY THERAPY (9 semester or 13.5 quarter or a combination of these hours)** Courses in this area should have a major focus on family systems theory and systemic therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change, the applied practices evolving from each theoretical orientation, including diagnosis/assessment of individuals, couples and families. Major theoretical approaches might include: strategic, structural, object relations, cognitive behavioral, intergenerational, and integrative models of therapy with individuals, couples, and families.

Course Name	Course #	College/University

**3. HUMAN DEVELOPMENT (9 semester or 13.5 quarter or a combination of these hours)** Courses in this area should provide knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant course work in human development across the life span which includes special issues that effect an individual's development (i.e. culture, gender, and human sexuality). Topic areas may include: human development, child/adolescent development, psychopathology, personality theory, human sexuality, etc. This material should be integrated with systems concepts. Test and measurement courses are not accepted toward this area.

Course Name	Course #	College/University

**SECTION G - Marriage & Family Therapy COURSE WORK (Continued)**

**4. PROFESSIONAL STUDIES (3 semester or 4.5 quarter or a combination of these hours)** Courses in this area are intended to contribute to the professional development of the therapist. Areas of study should include the therapist's legal responsibilities and liabilities, professional ethics relevant to marriage and family issues, professional values and socialization, and the role of the professional organization, licensure or certification legislation, independent practice and interpersonal cooperation. Religious ethics courses and moral theology courses are not accepted toward this area.

Course Name	Course #	College/University

**5. RESEARCH (3 semester or 4.5 quarter or a combination of these hours)** Courses in this area should assist students in understanding and performing research. Topic areas may include: research methodology, quantitative methods and statistics. Individual personality and test and measurement courses are not accepted toward this area.

Course Name	Course #	College/University

**A. PRACTICUM (minimum 6 semester hours or 9 quarter hours, 300 hours of supervised direct client contact with individuals, couples and families, and of this 300 hours, no more than 150 hours may be with individuals)**

Course Name	Course #	College/University

For Office Use Only Date reviewed: _____ by: _____
---

Applicant Name: \_\_\_\_\_

**PROFESSIONAL COUNSELOR (CPC) IF YOU PLAN TO EARN HOURS FOR CPC, YOU MUST COMPLETE THE FOLLOWING COURSEWORK**

**SECTION H - Professional Counseling COURSE WORK requirements**

If your program is accredited by CACREP OR is a counseling program from a regionally accredited educational institution, you are not required to complete the following coursework review information.

**THE FOLLOWING MUST BE COMPLETED BY APPLICANTS APPLYING WITH A MASTER'S DEGREE IN A RELATED FIELD OFFERED BY A REGIONALLY ACCREDITED HIGHER EDUCATIONAL INSTITUTION; OR A PROGRAM IN COUNSELING OR RELATED FIELD FROM A NON-ACCREDITED PROGRAM**

**COURSEWORK REVIEW**

Please list the name of the course, the course number and the name of the institution in which the course was completed) **An official course description must be attached for each course listed.**

**A. COUNSELING THEORY** (At least 3 semester hours) Includes a study of basic theories principles and techniques of counseling and their application to professional counseling settings.

Course Name	Course #	College/University

**B. SUPERVISED COUNSELING PRACTICUM** Refers to supervised counseling experience in a work/community based setting of at least one semester in duration for a minimum of 3 hours academic credit as part of a master's program component

Course Name	Course #	College/University

**YOU MUST ALSO PROVIDE EVIDENCE OF AT LEAST 3 SEMESTER HOURS IN 5 OF THE FOLLOWING 8 AREAS (a single course can not be used for more than 1 area):**

**1. HUMAN GROWTH AND DEVELOPMENT** Includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels. Emphasis is placed on biopsychosocial approaches. Also included are such areas as human behavior (normal and abnormal), personality theory and learning theory

Course Name	Course #	College/University

**2. SOCIAL AND CULTURAL FOUNDATIONS** Includes studies of change, ethnic groups, subcultures, changing roles of women, sexism, urban and rural societies, population patterns cultural mores, use of leisure time and differing life patterns. Such disciplines as the behavioral sciences, economics and political science are involved.

Course Name	Course #	College/University

For Office Use Only  
Date reviewed: \_\_\_\_\_ by: \_\_\_\_\_

<b>SECTION H - Professional Counseling COURSE WORK (Continued)</b>		
<b>3. HELPING RELATIONSHIP</b> Includes philosophic bases of the helping relationship; consultation theory, practice, and application; and an emphasis on development of counselor and client (or consultee) self-awareness.		
Course Name	Course #	College/University
<b>4. GROUP DYNAMICS, PROCESSING AND COUNSELING</b> Includes theory and types of groups, as well as descriptions of group practices, methods, dynamics, and facilitative skills. This also includes supervised practice.		
Course Name	Course #	College/University
<b>5. LIFESTYLE AND CAREER DEVELOPMENT</b> Includes such areas as vocational choice theory, relationship between career choice and lifestyle, sources of occupational and educational information, approaches to career decision making processes and career exploration techniques.		
Course Name	Course #	College/University
<b>6. APPRAISAL OF INDIVIDUALS</b> Includes the development of framework for understanding the individual including methods of data gathering and interpretation, individual and group testing, case study approaches, and the study of individual differences. Ethnic, cultural, and sex factors are also considered.		
Course Name	Course #	College/University
<b>7. RESEARCH AND EVALUATION</b> Includes such areas as statistics, research design and development of research and demonstration proposals. It includes understanding legislation relating to the development of research, program development and demonstration proposals, as well as the development and evaluation of program objectives		
Course Name	Course #	College/University
<b>8. PROFESSIONAL ORIENTATION</b> Includes goals and objectives of professional organizations, codes of ethics legal considerations, standards of preparation, certification, licensing, and role identity of counselors and of other personal services specialists.		
Course Name	Course #	College/University



NEBRASKA  
STATE OF NEBRASKA

Department of Health and Human Services  
Division of Public Health - Licensure Unit  
P.O. Box 94986 - Lincoln, Nebraska 68509-4986  
Telephone #: 402-471-4970 debra.lamprecht@nebraska.gov

**CERTIFICATION OF LICENSE**  
*(Must be completed by certifying/licensing agency)*  
(Print or Type)

Our records indicate that \_\_\_\_\_ was licensed/certified as a \_\_\_\_\_.  
(Applicant's Name) (profession)

license/certificate number \_\_\_\_\_, on \_\_\_\_\_, and expires on \_\_\_\_\_. The license or certificate

was issued on the basis of a written examination \_\_\_\_\_  
(Name of Examination) (Date of Administration of Examination)

The passing score requirement for this examination was \_\_\_\_\_. The applicant's score was \_\_\_\_\_  
(National Mean)

(If a written examination was not required, attach copies of the documentation required for a license or certificate.)

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

- (a) been suspended      yes       no
- (b) been revoked        yes       no
- (c) been disciplined    yes       no

If yes, please explain: \_\_\_\_\_

and (d) has been maintained in good standing up to and including the present date, yes  no ; 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 \_\_\_\_\_

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

\_\_\_\_\_  
Address

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