

Licensure Unit  
 PO Box 94986  
 Lincoln, NE 68509-4986  
 402-471-2117 Fax: (402) 742-1106  
 Email: DHHS.Licensure2117@nebraska.gov

**RENEWAL APPLICATION**  
**Certified Social Worker (CSW)**

**EXPIRES 9/1/2018**

Your renewal application and fee (if applicable) must be POSTMARKED ON OR BEFORE **9-1-2018** to avoid expiration of your certificate. **If you represent yourself** as a social worker **after the expiration date**, an administrative penalty of \$10 per day up to \$1,000 will be assessed for each day of representation.

**SECTION A: FEES & STATUS** Make check/money Order payable to 'Licensure Unit' (You will not receive a receipt)

Check Requested Status:

- ACTIVE \$125
- ACTIVE MILITARY \$0 (No fee required)
- INACTIVE \$0 (No fee required)

**SECTION B: PERSONAL INFORMATION**

|                                      |                  |       |
|--------------------------------------|------------------|-------|
| Legal Name:<br>(First, Middle, Last) |                  |       |
| Address:                             |                  |       |
| City, State, Zip:                    |                  |       |
| Certificate Number:                  | Independent MHP: | LMHP: |

**NAME & ADDRESS CHANGES:**

Check this box if your address has changed.

If your name has changed, you must submit a photocopy of marriage certificate, court order, etc., to provide proof of legal name. If not submitted, the certificate will be issued in the name currently listed on your certificate.

**To renew, you must have a valid Social Security Number**

|                                                                                 |                                                            |  |  |
|---------------------------------------------------------------------------------|------------------------------------------------------------|--|--|
| Social Security Number (SSN):                                                   |                                                            |  |  |
| If you also have an A# or I-94#, check the correct box and provide your number: | <input type="checkbox"/> Alien Registration Number ("A#"): |  |  |
|                                                                                 | <input type="checkbox"/> I-94 #:                           |  |  |

Neb. Rev. Stat. §§38-123 and 38-130 requires that you provide your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes as well as to the Nebraska Department of Revenue, Department of Labor and for other Administrative purposes.

**ONLINE RENEWAL:** You may renew your certificate online at <https://nebraska.mylicense.com/> To register you will need your certificate number, your social security number and a credit or debit card with a MasterCard or Visa logo.

**INACTIVE STATUS:** If you choose Inactive Status, you cannot practice, but may represent yourself as holding an inactive certificate. To change from Inactive to Active Status, you must complete a reinstatement applications, pay the reinstatement fee and renewal fee, meet the continuing education requirements, and any other requirements in effect at the time the status change is requested.

**SECTION C: CONVICTION AND CERTIFICATE INFORMATION**  
Failure to list any conviction(s) or disciplinary action(s), could result in disciplinary action against your certificate.

**Conviction Information:**  
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                  | <p>Were you convicted of a misdemeanor or felony in any state/jurisdiction since your certificate was last renewed (or since you received your initial certificate if such was within the past 24 months). If you answer <b>YES</b> to this question, you must submit the following documents to the Licensure Unit:</p> <ul style="list-style-type: none"> <li>A copy of the entire/complete court record, which includes charges and disposition;</li> <li>Your explanation 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;</li> <li>If you have a drug and/or alcohol offense, to assist in the evaluation of your drug and/or alcohol conviction(s), please submit all evaluation/discharge summaries where drug and/or alcohol treatment was obtained or required. All evaluations / discharge summaries must be submitted by the provider directly to DHHS; and</li> <li>If you are currently on probation, a letter from the probation officer addressing the terms and current status of your probation.</li> </ul> <p>List below misdemeanor or felony convictions</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 40%;">Name of Conviction</th> <th style="width: 20%;">Date of Conviction</th> <th style="width: 40%;">Name of Court</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Name of Conviction | Date of Conviction | Name of Court |  |  |  |  |  |  | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|---------------|--|--|--|--|--|--|-----------------------------------------------------------------|
| Name of Conviction | Date of Conviction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name of Court      |                    |               |  |  |  |  |  |  |                                                                 |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                    |               |  |  |  |  |  |  |                                                                 |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                    |               |  |  |  |  |  |  |                                                                 |

**NOTE:** If you have any criminal charges or credential disciplinary actions pending that result in misdemeanor or felony conviction or license or certificate discipline, you must report such actions to of Division of Public Health Office of Investigation within 30 days of the conviction or disciplinary action (Neb. Rev. Stat. 38-1,125). Reporting forms are available at: [http://dhhs.ne.gov/Pages/reg\\_invest-p.aspx](http://dhhs.ne.gov/Pages/reg_invest-p.aspx) or by calling 402-471-0175

**Licensure Information:**  
The following questions relate to a license/certificate/registration that you currently **hold or have held** to provide health related services in a state/jurisdiction **other** than Nebraska.

|    |                                                                                                                                                                                                                                                                                                   | Yes                      | No                       |                                                         |                                                  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------------------------------------------------------|--------------------------------------------------|
| 2  | <p>Since <b>09/01/16</b>, I have been credentialed by another state(s) to provide health-related or environmental services.</p> <p style="color: red; font-size: small;">If you answer 'yes' to this question, you <u>must</u> respond to question 2a</p>                                         | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what State(s) are you licensed or certified in? | What type of license or certificate do you hold? |
|    |                                                                                                                                                                                                                                                                                                   |                          |                          |                                                         |                                                  |
| 2a | <p>If YES, This credential (s) has been denied, refused renewal, or disciplined since <b>09/01/16</b>.</p> <p style="color: red; font-size: small;">If you answered YES to this question, you must submit Official Documents from the State Board in which the disciplinary action was taken.</p> | <input type="checkbox"/> | <input type="checkbox"/> | Type of License or Certificate Action                   | Date of Action                                   |
|    |                                                                                                                                                                                                                                                                                                   |                          |                          |                                                         | Name of State taking Action                      |
|    |                                                                                                                                                                                                                                                                                                   |                          |                          |                                                         |                                                  |
|    |                                                                                                                                                                                                                                                                                                   |                          |                          |                                                         |                                                  |

**SECTION D: CONTINUING EDUCATION (CE)**

**\*\*\* Do NOT submit continuing education certificates to this office unless they are requested through an audit \*\*\***

To renew on active status, you **MUST** have **completed 32 hours** of continuing education, **between September 1, 2016 and September 1, 2018** OR have met one of the waivers (CE is not required if you request inactive status).

**Select only one below:**

1. Continuing Education Completed:

|                          |                                                                                                         |
|--------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I have completed my continuing education requirements or will complete it by <b>SEPTEMBER 1, 2018</b> . |
|--------------------------|---------------------------------------------------------------------------------------------------------|

**OR**

2. I am requesting one of the following CE Waivers:

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <b>Military:</b> After 9/1/2016 I have served full-time duty in the active military service of the United States, a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. Military service may also include any period during which a service member is absent from duty on account of sickness, wounds, leave, or other lawful cause. <b>If you meet this waiver, you are not required to pay the renewal fee or meet the continuing education requirements.</b> |
| <input type="checkbox"/> | <b>Initial Certificate Issued:</b> I received my CSW certificate within the past 24 months ( <b>issued after 9/1/2016</b> ). If you received your certificate less than 24 months ago, you are not required to meet the continuing education requirement, <b>but you must pay the fee.</b>                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> | <b>Illness/Disability:</b> I have suffered a serious or disabling illness or physical disability which prevented completion of the 32 hours of continuing competency requirements during the 24 months preceding the certificate renewal date. (Submit a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and the recovery period, and that you were unable to attend continuing education programs during this period.)                                                                                                                              |
| <input type="checkbox"/> | <b>Non-Practice:</b> I hold a Nebraska certificate as a Certified Social Worker but am not representing myself as a Social Worker in Nebraska.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> | <b>Legal Resident of Another State:</b> I am a legal resident of another state, territory, or the District of Columbia and have not represented myself as a social worker in the State of Nebraska between <b>9/1/16 and 9/1/18</b> .                                                                                                                                                                                                                                                                                                                                                                                 |

**Continuing Education criteria is listed below:**

**Academic Credit**

- 1 semester hour credit = 15 continuing education credit hours; 1 semester hour credit audited = 8 hours of continuing education.
- 1 quarter hour credit = 10 continuing education credit hours; 1 quarter hour credit audited = 5 hours of continuing education.
- 1 trimester hour credit = 14 continuing education credit hours; 1 trimester hour credit audited = 7 hours of continuing education.

**Home Study Programs** may accumulate up to 20 hours of continuing education per renewal period.

**Publications** written by the Certificate and published in a refereed professional journal or book may accumulate up to 20 hours of continuing education per renewal period.

**Teaching** a college/university course are calculated the same as academic credit; a Certificate or Certificate holder may accumulate up to 30 of the 32 hours per renewal period.

**Dissertations** may accumulate up to 32 hours of continuing education per renewal period.

**Educational/Training Videos** may accumulate up to 10 hours of continuing education within a renewal period utilizing educational/training videos.

**Workshop/Seminar/Lecture, etc** 1 continuing education hour or credit = 60 minutes of participation, for each fraction of an hour, record in 15 minute increments (i.e.: 1.25, 1.5, 1.75). Workshop presenters may receive credit for the initial presentation only.

**SECTION E: ATTESTATION**

**Attestation:** For the purpose of meeting Neb. Rev. Stat. §4-108 through §4-114 and §38-129, **I attest that:**

*(check only **ONE** of the boxes below)*

I am a citizen of the United States.

**OR**

I am **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.

If you are **NOT a citizen of the United States**, you must submit proof of lawful presence in the U.S. Your certificate will NOT be renewed until such proof is received by our office and verified through the Department of Homeland Security (may take up to 4 weeks).

**I further attest that:**

- 1. I have read the renewal application or have had the renewal application read to me; and
- 2. All statements on this renewal application are true and complete.

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

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

Phone/Fax (Optional): \_\_\_\_\_ E-mail (Optional): \_\_\_\_\_