



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 carrie.nielsen@nebraska.gov

**APPLICATION FOR CERTIFICATION
AS A SOCIAL WORKER (CSW)**

(Print or Type)

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	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. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is NOT public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.				
5	Phone #: (optional)		Fax #: (optional)	E-Mail Address: (optional)

SECTION B – APPLICATION CATEGORY Check the appropriate method by which you are applying for certification as a social worker (CSW)

Check all categories that apply:

- Initial Certification
- Certification in Another Jurisdiction (State) - Reciprocity

Required Fee

See Chart Below
See Chart Below

Check the following chart to determine the fee you must submit.

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Even	\$125	\$125	\$31.25	\$31.25	\$31.25	\$31.25	\$31.25	\$31.25	\$125	\$125	\$125	\$125
Odd	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125

Make payable to: Licensure Unit

All certificates expire 9/1 of even years

SECTION C – EDUCATION (All applicants must complete this section and submit or cause to be submitted an Official transcript of a baccalaureate or master's degree in social work.)					
<input type="checkbox"/>	Transcript attached				
<input type="checkbox"/>	Transcript forwarded separately:	Last name on the transcript:			
Institution Name					
Address		Street/PO/Route:			
		City:	State:	Zip:	
Institution Accredited by: (Name of Accrediting Body)					
Date Social Work degree granted:	Degree:		Major:		

SECTION D – CONVICTION AND LICENSURE/CERTIFICATION 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/certification disciplinary actions pending that result 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 (X) 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 4 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 EVER been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

Licensure/Certification 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/certified 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/certificate 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:		

SECTION E – PRACTICE PRIOR TO CREDENTIAL 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 represented myself as a social worker 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 represented yourself as a social worker in Nebraska and what is the business name, location and telephone number of the practice: # of days: _____
	Name of Business: _____
	City: _____
	Telephone #: _____

SECTION F - ATTESTATION	
<u>Lawful Presence in the United States Attestation:</u>	
For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:	
Please check ONLY ONE of the boxes below:	
<input type="checkbox"/> I am a citizen of the United States; or <input type="checkbox"/> I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or <input type="checkbox"/> I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.	
<u>Alien or Non-immigrant Status:</u> If you are a qualified alien lawfully admitted into the United States <u>OR</u> a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:	
<ol style="list-style-type: none"> 1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or 2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or 3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is <u>NOT</u> acceptable; or 4. A Form I-94 (Arrival-Departure Record). 	
Your credential will NOT be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.	
<u>Application Attestation:</u> I further attest that:	
<ol style="list-style-type: none"> 1. I have read the application or have had the application read to me; 2. All statements on the application are true and complete; and 3. I am of good character. 	
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.: passport, birth certificate, driver's license, 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. 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;
4. 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 to the Department a certification of your credential (Attachment D1);
5. 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;
6. 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.

