

## Application Information Independent Mental Health Practitioner (LIMHP)

**Licensed Independent Mental Health Practitioner's** scope of practice includes diagnosis and treatment of major mental illness/disorders, without supervision or consultation.

**Options for Licensure:** There are **5 Options** to obtain this License and **you may select any one**, however you must meet the educational experience and supervised experience required for the option you select.

**Reciprocity:** If applying based on holding a license in another state/jurisdiction, the applicant must meet one of 3 options listed **OR** have been in active practice in the appropriate discipline for at least 5 years following initial licensure in another jurisdiction and must pass the Nebraska jurisprudence examination. If applying based on 5 years of licensure, you are not required to complete pages 7-16.

**Certification:** If you wish to add Certification as a Professional Counselor; Certification as a Marriage and Family Therapist, or Certification as a Master Social Worker in addition to an LIMHP, you must complete Attachment 1, 2 or 3. Adding Certification to your License doesn't allow you to provide additional services, but allows you to use a different title to represent yourself, as defined in our Statutes relating to the Mental Health Practice Act, such as 'Licensed Independent Professional Counselor'.

This is the link to the statutes: <http://dhhs.ne.gov/publichealth/Licensure/Documents/MentalHealthPracticeAct.pdf>

**Translated Documents:** 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.

**Application Instructions:** Each Section of the application includes detailed instructions. **Changes may not be made to any information entered onto the Supervisors Affidavit.**

### **Information for Military Spouses:**

**Temporary License:** If you have an **active independent mental health practice credential (or similar license)** in another state and you are a military spouse, you may be issued a temporary license pending completion of the permanent licensing requirements. A temporary license for military spouses is available under Neb. Rev. Stat. §38-129.01 and is issued for a period not to exceed 1-year. Please review the following documents required to obtain a temporary license and those listed for a license to determine which process is right for you.

To apply for this temporary license, you must **be a resident of Nebraska** and submit the following:

- The license fee and attached application (completed);
- A copy of your military dependent identification card identifying you as the spouse of an active duty member of the United States Armed Forces;
- A copy of your spouse's military orders reflecting an active-duty assignment in Nebraska;
- A copy of your independent mental health practice license (or similar licensed) from another state or jurisdiction; and
- A copy of the statutes, rules, and regulations governing the license from the other state or jurisdiction which provides the standards that are similar to Nebraska's independent mental health practice requirements.

**Information Relating to Military Education, Training, or Service:** If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the military, you may submit such evidence with your application for review.

### **Application Processing:**

**You must submit your application with the fee** (see page 2 of the application for fees). **It may be mailed, or hand-delivered to our office.** Our address is listed below, in Contact information.

You can verify receipt and issuance of your application at the following web site: <https://www.nebraska.gov/LISSearch/search.cgi> If your file shows '**status: pending**', your application has been received by the Department and is in the review process.

**All applications will be reviewed in date order received.** Once reviewed, you will receive an e-mail or letter within approximately 10 days advising you that your license has been issued or that your application is incomplete. If incomplete, you will be informed of how to complete your application.

**Records Retention Schedule:** When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

**INDEPENDENT MENTAL HEALTH PRACTITIONER LICENSE APPLICATION**

<b>SECTION A: PERSONAL INFORMATION</b>			
<b>1</b>	<b>You must print your <u>Legal Name</u> below</b>		
	First:	Middle:	Last Name:
	List any other names, you are or have ever been known as (AKA) including maiden name and your last name on your birth certificate.		
<b>2</b>	Address: (where we can send license information)	Street/PO/Route:	
		City:	State or Country:
			Zip:
<b>3</b>	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):	
<b>4</b>	Phone #: (optional)*	Additional Phone #: (optional)*	
<b>5</b>	E-Mail Address:  * phone number and e-mail is optional, but providing this information will speed up communication with you		
<b>6</b>	Social Security Number:		
	If you have an A# or I-94# check the correct box(s) and provide your number	<input type="checkbox"/> Alien Registration Number ("A#"):	
		<input type="checkbox"/> I-94#:	
<p><u>Neb. Rev. Stat.</u> §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.</p>			

**US Citizenship/Lawful Presence / must be at least 19 years old**

➔ You **must submit** a **PHOTOCOPY** of one of the following:

**If you ARE a U.S. Citizen**

- 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 cannot be accepted**).
- U.S. Passport (unexpired or expired).
- A Certificate of Naturalization.
- Other document that shows U.S. Citizenship - **A Driver's License is NOT acceptable.**

**If you ARE NOT a U.S. Citizen**

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; **OR**
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; **OR**
- Employment Authorization Card **AND**
  - An approved deferred action status (DACA);
  - A pending application for asylum in the United States;
  - A pending or approved application for temporary protected status in the United States;
  - A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States.

**NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

**SECTION B: FEES**

➔ **License Fee:** See below for fees. **Pay by check or money order to: Licensure Unit-your cancelled check is your proof of payment.** Payment is processed upon receipt. **We are unable to accept electronic payments**

**IF YOU HOLD AN ACTIVE LMHP IN NEBRASKA:** Fees are based on the month and year you submit your application.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$50	\$50	\$25	\$25	\$25	\$25	\$25	\$25	\$50	\$50	\$50	\$50
Odd Numbered Year	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50

**IF YOU DO NOT HOLD an ACTIVE LMHP** in Nebraska: Fees are based on the month and year you submit your application.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$155	\$155	\$38.75	\$38.75	\$38.75	\$38.75	\$38.75	\$38.75	\$155	\$155	\$155	\$155
Odd Numbered Year	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155

**These credentials expire 9/1 of each even-numbered year**

**SECTION C: LICENSURE OPTIONS**

**There are 5 options for a license; you must check the option for which you are making application**

**RECIPROCITY BASED ON 5 YEARS PRACTICE**

I have at least 5 years of practice following initial licensure in another jurisdiction AND my license allows me diagnose and treat major mental illness/disorders, without supervision or consultation.

**MILITARY SPOUSE and TEMPORARY LICENSE**

1	Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in Nebraska?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>IF YES, are you</b> applying for a temporary license as a military spouse? If you check yes, you must have an active independent mental health practice credential (or similar license) in another state and meet the requirements and include all documentation identified in the instructions under 'information for military spouses'.	Yes <input type="checkbox"/> No <input type="checkbox"/>

**To apply for an initial Independent Mental Health Practice License, you must hold or have held a Provisional license as a mental health practitioner or License as a mental health practitioner in Nebraska or similar license in another state.**

**OPTION 1:**  **Accredited Program:**

You must have graduated with at least a master's degree from a program which **was** accredited by one of the below named organizations (at the time of your graduation or within 4-years after your graduation). Check the appropriate accreditation below:

- CACREP
- COAMFTE
- CSWE

**EXPERIENCE REQUIREMENTS:** Post-master's supervision **for a total of 3,000 hours (or more)** of mental health practice (can be direct or non-direct) and included **at least 1,500 hours (or more) of experience with clients diagnosed** under the major mental illness or disorder category. You can view the definition of major mental illness/disorder at: [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-172/Chapter-094.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-094.pdf)

This total experience must have been obtained **under the supervision** of a licensed physician, licensed psychologist, or licensed independent mental health practitioner. This may include experience gained under multiple supervisors, so long as your supervision **totals 3,000 hours**. These may or may not, be hours you previously used for issuance of an LMHP. Please discuss with your supervisor to identify your major mental illness/disorder hours, if you have questions about that experience.

➔ **Experience:** Your supervisor(s) must complete the Affidavit of Supervised Experience (attached as page 7), to verify your **post-master's** experience supervised by them, and to verify the # of hours of experience working with clients diagnosed under the major mental illness or disorder category.

**OPTION 2:**  Equivalent to Accredited Program:

If you graduated with at least a master's degree from a program with a mental health focus which was **NOT ACCREDITED** by CACREP, COAMFTE, or CSWE, but you believe is equivalent to their current standards, mark the accredited program you believe it's equal to:

- CACREP      **complete ATTACHMENT 1**
- COAMFTE    **complete ATTACHMENT 2**
- CSWE        **complete ATTACHMENT 3**

**EXPERIENCE REQUIREMENTS:** Post-master's supervision **for a total of 3,000 hours (or more)** of mental health practice (regardless of whether it was direct or non-direct) which included **at least 1,500 hours (or more) of experience with clients diagnosed** under the major mental illness or disorder category. You can view the definition of major mental illness/disorder at: [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-172/Chapter-094.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-094.pdf)

This total experience must have been obtained **under the supervision** of a licensed physician, licensed psychologist, or licensed independent mental health practitioner. This may include experience gained under multiple supervisors, so long as your supervision **totals 3,000 hours**. These may or may not, be hours you previously used for issuance of an LMHP. Please discuss with your supervisor to identify your major mental illness/disorder hours, if you have questions about that experience.

➔ **Experience:** Your supervisor(s) must complete the Affidavit of Supervised Experience (attached as page 7), to verify your **post-master's** experience supervised by them, and to verify the # of hours of experience working with clients diagnosed under the major mental illness or disorder category.

➔ **Practicum/Internship:** You **must** submit the affidavit of practicum/internship, (attached as page 11). This practicum or internship must have been completed as part of your master's or doctorate degree program (not as work experience after your degree was issued).

**NOTE:** For CACREP equivalency review, there are 8 coursework areas AND a 700 hour practicum/internship requirement; this is more hours than Nebraska requires to issue a PLMHP or LMHP, so we do not have verification of this additional education on file.

➔ **Eligibility Worksheets:** (attached pages 8-16) set out the current standards and must be submitted with copies of syllabi for each course you list (from the time you completed that course). Our review to determine equivalency, may take up to 30 days to complete. You may scan & email the syllabi to us.

➔ **Official College/University Transcript:** If applying under OPTION 2 **OR** if this is your first application for a Mental Health credential, you must submit a current, Official Transcript. You may submit an Official paper transcript, or it may be submitted from the school, or **sent to us electronically by a transcript service to:** [dhhs.licensure2117@nebraska.gov](mailto:dhhs.licensure2117@nebraska.gov)  
We do not accept copies of transcripts sent electronically to the applicant.

**Military:** If you completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, **include evidence with this Application.**

**OPTION 3:**  At Least 10 years of supervised experience:

If you do not meet either option 1 or 2, you must have at least a master's degree from a program with a mental health focus and have earned the following experience.

**EXPERIENCE REQUIREMENTS:** Post-masters supervision **for a total of 7,000 hours (or more)** of mental health practice (regardless of whether it was direct or non-direct hours) which included **at least 3,500 hours of experience with clients diagnosed** under the major mental illness or disorder category.

This experience must have been obtained in a combined time period of **not less than 10 years** and **supervised** by a licensed physician, licensed psychologist, or licensed independent mental health practitioner. Experience isn't required to run concurrently and may include experience gained under multiple supervisors, so long as their individual qualified supervision totals 10 years, or more. You may wish to confer with your supervisor, to identify your major mental illness/disorder hours. These may or may not, be hours you previously used for issuance of an LMHP

➔ **Experience:** Your supervisor(s) must complete the Affidavit of Supervised Experience (attached as page 7), to verify your **post-master's** experience supervised by them, and to verify the # of hours of experience working with clients diagnosed under the major mental illness or disorder category.

**SECTION D: EXAMINATION CATEGORY**

*Not required if applying based on RECIPROCITY and 5 YEARS PRACTICE*

Check which examination you passed:  NCE  NCMHCE  AMFTRB  ASWB Clinical  EPPP  CRC

If you did not pass one of the above examinations, provide the name of the examination and an official outline of the examination content areas. Examination Name: \_\_\_\_\_

➔ **Examination Scores:** An **official** copy of your examination scores must be submitted to this office, if they are not already on file. To be official, the scores must be sent directly from the testing agency or another licensing board.

**SECTION E: CONVICTION AND LICENSE INFORMATION**

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

**CONVICTION INFORMATION:** If you have **EVER** have ever received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; 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/felony convictions.

1	Have you <b>EVER</b> been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

➔ **Conviction Documents:** If you have **EVER** had a misdemeanor or felony conviction, you must submit:

- (a) A copy of the court record for each conviction;
- (b) Your explanation of the events leading to each of the convictions (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- (c) If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

**NOTE:** To assist the Board and Department in review of any drug and/or alcohol conviction(s), if you had an alcohol and drug evaluation and/or completed treatment, the treatment provider must submit all evaluations/discharge summaries directly to the Department.

The following provides <b>SOME</b> examples of convictions; this is <b>NOT</b> a complete list	
<ul style="list-style-type: none"> <li>• MIP/ Tobacco Use by Minor</li> <li>• DUI / DWI</li> <li>• Controlled Substance</li> <li>• Open Container</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault / Prostitution</li> <li>• Disorderly Conduct / Disorderly House</li> <li>• Reckless Driving</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• Fail to Appear in Court</li> <li>• False Information or Reporting</li> <li>• Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering / Fireworks / Bad Check</li> </ul>

**NOTE:** If you have any criminal charges or license disciplinary actions pending that result in a conviction or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at: [http://dhhs.ne.gov/Pages/reg\\_invest-p.aspx](http://dhhs.ne.gov/Pages/reg_invest-p.aspx) or by phone **402-471-0175**.

**LICENSE 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.

1	Have you ever been denied the right to take a license, registration, or certification examination in any State?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain below:		
2	Do you hold or have you held a license, registration, or certification in any other state(s)?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what state(s)?	What type of license, registration, or certification?	
	<b>If YES,</b> has your license, registration, or certification ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?  Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Action	Date of Action	Name of State Taking Action
	If applying based on reciprocity and at least 5 years of practice, lists the dates of practice:  _____ to _____ (month/day/year)      (month/day/year)			

➔ **Disciplinary Action Documentation:** If you have EVER had any disciplinary action(s) taken against your license, you must submit a copy of the disciplinary action(s), including charges and findings.

➔ **Other State License Documentation:** If you hold or have ever held a license to provide health related services in a state/jurisdiction **other than Nebraska**, you must submit certification of the license(s), even if it is no longer current.

That document must provide your name; credential type; credential number; the current status of your credential (as of this date/not when it was originally issued), and a statement if there has ever been disciplinary action taken against your license. **(DO NOT send a copy of your license).**

If the state(s) offer an online verification which provides the details outlined above, you may go to their website, print a copy of that verification, and send via fax, email or mail. If they don't offer an online service, you'll need to contact them directly.

**NOTE:**

If you have disciplinary charges pending or if your license has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.

**SECTION F: PRACTICE PRIOR TO LICENSE**

If you practice prior to issuance of your license, you are subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations governing mental health practice.

**Independent Mental Health services** includes diagnosis & treatment of major mental illness/disorders, without supervision or consultation

**No.**

I **have NOT** provided *independent* mental health services in Nebraska without a Nebraska LIMHP.

**Yes.**

I **have** provided *independent* mental health services in Nebraska without a Nebraska LIMHP.

If **yes**, what are the actual number of days you practiced in Nebraska without such license and what is the business name, location and telephone number where practice took place:

Number of days:
Name of Business:
City:
Telephone #:

**SECTION G: 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 a qualified alien under the Federal Immigration and Nationality Act.

I am a nonimmigrant lawfully present in the United States.

Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

**I further attest that:**

1. I have read the application or have had the application read to me; and
2. I am of good character and all statements on this application are true and complete.

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

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

**Note:** If applying based on Reciprocity and 5 years of practice, you are not required to complete pages 7-16

Mail to: Licensure Unit  
 PO Box 94986 - Lincoln, NE 68509-4986  
 FAX to: 402-742-1106  
 Email: cindy.L.kelley@nebraska.gov

**AFFIDAVIT OF SUPERVISED EXPERIENCE**  
**Supervisor must complete this form**  
**DO NOT USE WHITE OUT OR ALTER THIS FORM**

SECTION A: SUPERVISOR INFORMATION			
1	Supervisor's Name:	First:	Middle: Last:
2	Address Information	Street/PO/Route:	
		City:	State: Zip:
3	Indicate the Type of License you hold:	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist <input type="checkbox"/> Independent Mental Health Practitioner License # _____ Date it was <b>Issued to you:</b> _____	
4	Name of person you supervised:	First:	Last:

SECTION B: SUPERVISED EXPERIENCE
<p><b style="color: red;">OPTION 1 or OPTION 2:</b> If the applicant is applying under either Option 1 or 2, provide the following information:</p> <p><input type="checkbox"/> I supervised the applicant <b>for at least 3,000 hours</b> (or more) of mental health practice experience (regardless of whether it was direct or non-direct hours), <b>including at least 1,500 hours</b> (or more) of <b>experience with clients diagnosed</b> under the major mental illness or disorder category.</p> <p><b>OR</b></p> <p><input type="checkbox"/> I supervised the applicant for <b>less than 3,000 hours</b>.</p> <p># _____ List the total number qualifying mental health practice hours you supervised this applicant</p> <p># _____ How many of those hours included experience with clients diagnosed under the major mental illness/disorder category</p> <p><b>AND</b> The applicant's <u>total</u> experience must have been obtained under supervision by a licensed physician, licensed psychologist, or licensed independent mental health practitioner.</p> <p><b>The hours you listed above were earned under my supervision:</b> From _____ to _____.  <span style="margin-left: 150px;">(month/day/year)</span> <span style="margin-left: 100px;">(month/day/year)</span></p> <p>City/State where Experience was completed: _____</p>

**OR**

<p><b style="color: red;">OPTION 3:</b> If the applicant is applying under this option, provide the following information:</p> <p><input type="checkbox"/> I supervised the applicant <b>for a total of at least 7,000</b> hours of mental health practice (regardless of whether it was direct or non-direct hours) and of these hours <b>at least 3,500 hours included experience with clients diagnosed</b> under the major mental illness or disorder category.</p> <p><b>OR</b></p> <p><input type="checkbox"/> I supervised the applicant for <b>less than 7,000 hours</b>.</p> <p># _____ List the total number of qualifying mental health practice hours you supervised this applicant</p> <p># _____ How many of those hours included experience with clients diagnosed under the major mental illness/disorder category</p> <p><b>AND</b> The applicant's total experience must have been obtained in <b>10 years</b> or more and have been <b>supervised</b> by a licensed physician, a licensed psychologist, or a licensed independent mental health practitioner</p> <p><b>The hours you listed above were earned under your supervision:</b> From _____ to _____.  <span style="margin-left: 150px;">(month/day/year)</span> <span style="margin-left: 100px;">(month/day/year)</span></p> <p>City/State where Experience was completed: _____</p>
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<p><b>Supervisor Signature:</b> I state that I am the supervisor completing this form and the statements are true and complete.</p> <p>_____                  (Print/type) Name of Supervisor</p> <p style="text-align: right;">Signature: _____ Date Signed: _____</p>
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**ATTACHMENT 1**  
**OPTION 2 – CACREP EQUIVALENCY**  
**Eligibility Worksheet**

Applicant's Name: \_\_\_\_\_

If you graduated with at least a master's degree from a program which was NOT accredited by CACREP, but you believe it is equivalent to a program accredited by CACREP, you must complete this eligibility worksheet which sets out the CACREP accreditation standards, regardless of what information was previously submitted for another credential.

**YOU MUST SUBMIT A COURSE SYLLUBUS FOR EACH COURSE LISTED-FOR THE YEAR YOU COMPLETED THE COURSE.**

**Total Program Hours Required by CACREP:**

A minimum of 60 semester hours is required of all students in the following areas. If the master's degree was less than 60 semester hours, additional hours can be attained outside of that program to equal the required semester hours; these additional hours must be **graduate hours** and **have a mental health focus**.

List the total # of master's/doctorate credits you earned: \_\_\_\_\_

**List below the course name, the course number and the name of the institution where the course was completed.**

**Coursework Areas Required by CACREP:**

**Area 1: PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE:**

- a) history and philosophy of the counseling profession and its specialty areas
- b) the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation
- c) counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams
- d) the role and process of the professional counselor advocating on behalf of the profession
- e) advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients
- f) professional counseling organizations, including membership benefits, activities, services to members, and current issues
- g) professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues
- h) current labor market information relevant to opportunities for practice within the counseling profession
- i) ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling
- j) technology's impact on the counseling profession
- k) strategies for personal and professional self-evaluation and implications for practice
- l) self-care strategies appropriate to the counselor role
- m) the role of counseling supervision in the profession

<i>Name of Course(s)</i>	<i>Course Number</i>	<i>College/University</i>

**Area 2: SOCIAL AND CULTURAL DIVERSITY:**

- a) multicultural and pluralistic characteristics within and among diverse groups nationally and internationally
- b) theories and models of multicultural counseling, cultural identity development, and social justice and advocacy
- c) multicultural counseling competencies
- d) the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others
- e) the effects of power and privilege for counselors and clients
- f) help-seeking behaviors of diverse clients
- g) the impact of spiritual beliefs on clients' and counselors' worldviews
- h) strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination

<i>Name of Course(s)</i>	<i>Course Number</i>	<i>College/University</i>

**Area 3: HUMAN GROWTH AND DEVELOPMENT:**

- a) theories of individual and family development across the lifespan
- b) theories of learning
- c) theories of normal and abnormal personality development
- d) theories and etiology of addictions and addictive behaviors
- e) biological, neurological, and physiological factors that affect human development, functioning, and behavior
- f) systemic and environmental factors that affect human development, functioning, and behavior
- g) effects of crisis, disasters, and trauma on diverse individuals across the lifespan
- h) a general framework for understanding differing abilities and strategies for differentiated interventions
- i) ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan

<b>Name of Course(s)</b>	<b>Course Number</b>	<b>College/University</b>

**Area 4: CAREER DEVELOPMENT:**

- a) theories and models of career development, counseling, and decision making
- b) approaches for conceptualizing the interrelationships among and between work, mental well-being, relationships, and other life roles and factors
- c) processes for identifying and using career, avocational, educational, occupational and labor market information resources, technology, and information systems
- d) approaches for assessing the conditions of the work environment on clients' life experiences
- e) strategies for assessing abilities, interests, values, personality and other factors that contribute to career development
- f) strategies for career development program planning, organization, implementation, administration, and evaluation
- g) strategies for advocating for diverse clients' career and educational development and employment opportunities in a global economy
- h) strategies for facilitating client skill development for career, educational, and life-work planning and management
- i) methods of identifying and using assessment tools and techniques relevant to career planning and decision making
- j) ethical and culturally relevant strategies for addressing career development

<b>Name of Course(s)</b>	<b>Course Number</b>	<b>College/University</b>

**Area 5: COUNSELING AND HELPING RELATIONSHIPS:**

- a) theories and models of counseling
- b) a systems approach to conceptualizing clients
- c) theories, models, and strategies for understanding and practicing consultation
- d) ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships
- e) the impact of technology on the counseling process
- f) counselor characteristics and behaviors that influence the counseling process
- g) essential interviewing, counseling, and case conceptualization skills
- h) developmentally relevant counseling treatment or intervention plans
- i) development of measurable outcomes for clients
- j) evidence-based counseling strategies and techniques for prevention and intervention
- k) strategies to promote client understanding of and access to a variety of community-based resources
- l) suicide prevention models and strategies
- m) crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid
- n) processes for aiding students in developing a personal model of counseling

<b>Name of Course(s)</b>	<b>Course Number</b>	<b>College/University</b>

**Area 6: GROUP COUNSELING AND GROUP WORK:**

- a) theoretical foundations of group counseling and group work
- b) dynamics associated with group process and development
- c) therapeutic factors and how they contribute to group effectiveness
- d) characteristics and functions of effective group leaders
- e) approaches to group formation, including recruiting, screening, and selecting members
- f) types of groups and other considerations that affect conducting groups in varied settings
- g) ethical and culturally relevant strategies for designing and facilitating groups

<b>Name of Course(s)</b>	<b>Course Number</b>	<b>College/University</b>

**Area 7: ASSESSMENT AND TESTING:**

- a) historical perspectives concerning the nature and meaning of assessment and testing in counseling
- b) methods of effectively preparing for and conducting initial assessment meetings
- c) procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide
- d) procedures for identifying trauma and abuse and for reporting abuse
- e) use of assessments for diagnostic and intervention planning purposes
- f) basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments
- g) statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations
- h) reliability and validity in the use of assessments
- i) use of assessments relevant to academic/educational, career, personal, and social development
- j) use of environmental assessments and systematic behavioral observations
- k) use of symptom checklists, and personality and psychological testing
- l) use of assessment results to diagnose developmental, behavioral, and mental disorders
- m) ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results

<b>Name of Course(s)</b>	<b>Course Number</b>	<b>College/University</b>

**Area 8: RESEARCH AND PROGRAM EVALUATION:**

- a) the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice
- b) identification of evidence-based counseling practices
- c) needs assessments
- d) development of outcome measures for counseling programs
- e) evaluation of counseling interventions and programs
- f) qualitative, quantitative, and mixed research methods
- g) designs used in research and program evaluation
- h) statistical methods used in conducting research and program evaluation
- i) analysis and use of data in counseling
- j) ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research and/or program evaluation

<b>Name of Course(s)</b>	<b>Course Number</b>	<b>College/University</b>

**Practicum/Internship Required by CACREP:** Practicum and internship experiences are required for all students

You must submit evidence of at least 700 total clock hours of practicum/internship as part of your master's or doctoral degree program, of these 700, at least 280 must be direct client hours.

Your supervisor or internship director must submit Attachment 1A to verify completion.

Name of Practicum Course(s)	Course Number	College/University
Name of Internship Course(s)		

Mail to: Licensure Unit  
PO Box 94986 - Lincoln, NE 68509-4986  
FAX to: 402-742-1106  
Email: cindy.L.kelley@nebraska.gov

**OPTION 2 – CACREP EQUIVALENCY ATTACHMENT 1A**

**MASTER'S/DOCTORATE PRACTICUM OR  
INTERNSHIP VERIFICATION**

**This practicum or internship must have been completed as part of your degree program**  
**(Not as work experience earned after your degree was issued).**

**NOTE: The internship requirement for the LIMHP is at least 700 hours**  
(The LMHP required 300 hours, so we do not have this information on file)

**APPLICANT INFORMATION:**

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

**SUPERVISOR INFORMATION:**

Name of Supervisor: \_\_\_\_\_

Supervisor's License #: \_\_\_\_\_ State in which Supervisor is/was Licensed: \_\_\_\_\_

City/State where Practicum/Internship was completed: \_\_\_\_\_

**SUPERVISOR'S ATTESTATION:**

The above named applicant has completed **at least 700** clock hours of Practicum and/or Internship as part of their master's or doctoral degree program, and included **at least 280** hours of direct service with clients.

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

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

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

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

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

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

**ATTACHMENT 2**  
**OPTION 2 – COAMFTE EQUIVALENCY**  
**Eligibility Worksheet**

If you graduated with at least a master's degree from a program which was NOT accredited by COAMFTE, but you believe it is equivalent to a program accredited by COAMFTE, you must complete the following coursework which sets out the COAMFTE accreditation standards (2016), regardless of what information was previously submitted.

**Coursework Areas Required by COAMFTE:**

**1: Foundations of Relational/Systemic Practice, Theories & Models**

*(Minimum of 6 semester credits/8 quarter credits/90 clock hours)*

This area facilitates students developing competencies in the foundations and critical epistemological issues of MFTs. It includes the historical development of the relational/systemic perspective and contemporary conceptual foundations of MFTs, and early and contemporary models of MFT, including evidence-based practice and the biopsychosocial perspective.

Name of Course(s)	Course Number	College/University

**2: Clinical Treatment with Individuals, Couples and Families** *(Minimum of 6 Credits/8 quarter credits/90 clock hours)*

This area facilitates students developing competencies in treatment approaches specifically designed for use with a wide range of diverse individuals, couples, and families, including sex therapy, same-sex couples, working with young children, adolescents and elderly, interfaith couples, and includes a focus on evidence-based practice. Programs must include content on crisis intervention.

Name of Course(s)	Course Number	College/University

**3: Diverse, Multicultural and/or Underserved Communities** *(Minimum of 3 Credits/4 quarter credits/45 clock hours)*

This area facilitates students developing competencies in understanding and applying knowledge of diversity, power, privilege and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or beliefs, nation of origin or other relevant social categories throughout the curriculum. It includes practice with diverse, international, multicultural, marginalized, and/or underserved communities, including developing competencies in working with sexual and gender minorities and their families as well as anti-racist practices.

Name of Course(s)	Course Number	College/University

**4: Research & Evaluation** *(Minimum of 3 Credits/4 quarter credits/45 clock hours)*

This area facilitates students developing competencies in MFT research and evaluation methods, and in evidence-based practice, including becoming an informed consumer of couple, marriage, and family therapy research. If the program's mission, goals, and outcomes include preparing students for doctoral degree programs, the program must include an increased emphasis on research.

Name of Course(s)	Course Number	College/University

**5: Professional Identity, Law, Ethics & Social Responsibility** *(Minimum of 3 Credits/4 quarter credits/45 clock hours)*

This area addresses the development of a MFT Identity and socialization, and facilitates students developing competencies in ethics in MFT practice, including understanding and applying the AAMFT Code of Ethics and understanding legal responsibilities.

Name of Course(s)	Course Number	College/University

**6: Biopsychosocial Health & Development Across the Life Span** (Minimum of 3 Credits/4 quarter credits/45 clock hours)  
 This area addresses individual and family development, human sexuality, and bio-psychosocial health across the lifespan.

Name of Course(s)	Course Number	College/University

**7. Systemic/Relational Assessment & Mental Health Diagnosis and Treatment** (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area facilitates students developing competencies in traditional psycho-diagnostic categories, psychopharmacology, the assessment, diagnosis, and treatment of major mental health issues as well as a wide variety of common presenting problems including addiction, suicide, trauma, abuse, intra-familial violence, and therapy for individuals, couples, and families managing acute chronic medical conditions, utilizing a relational/systemic philosophy.

Name of Course(s)	Course Number	College/University

The following 2 areas must be covered in the curriculum in some way, though there are no minimum credit requirements.

**8: Contemporary Issues**

This area facilitates students developing competencies in emerging and evolving contemporary challenges, problems, and/or recent developments at the interface of Couple or Marriage and Family Therapy knowledge and practice, and the broader local, regional, and global context.

This includes such issues as immigration, technology, same-sex marriage, violence in schools, etc. These issues are to reflect the context of the program and the program's mission, goals, and outcomes. Programs are encouraged to innovate in this Foundational Curricular Area.

**9: Community Intersections & Collaboration**

This area facilitates students developing competencies in practice within defined contexts (e.g., healthcare settings, schools, military settings, private practice) and/or nontraditional MFT professional practice using therapeutic competencies congruent with the program's mission, goals, and outcomes (e.g., community advocacy, psycho-educational groups). It also addresses developing competency in multidisciplinary collaboration.

Name of Course(s)	Course Number	College/University

**ATTACHMENT 3**  
**OPTION 2 – CSWE EQUIVALENCY**  
**Eligibility Worksheet**

If you graduated with a master’s or higher degree from a program which was NOT accredited by CSWE, but you believe it is equivalent to a program accredited by CSWE, review the information and descriptions of competencies provided in the Educational Policy and Accreditation Standards found at the following website: <https://www.cswe.org/Accreditation/Accreditation-Process>. List the courses you have completed in each of the following 9 competencies.

<b>Competency 1: Demonstrate Ethical and Professional Behavior</b>		
Name of Course(s)	Course Number	College/University

<b>Competency 2: Engage Diversity and Difference in Practice</b>		
Name of Course(s)	Course Number	College/University

<b>Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice</b>		
Name of Course(s)	Course Number	College/University

<b>Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice</b>		
Name of Course(s)	Course Number	College/University

<b>Competency 4: Engage In Practice-informed Research and Research-informed Practice</b>		
Name of Course(s)	Course Number	College/University

<b>Competency 5: Engage in Policy Practice</b>		
Name of Course(s)	Course Number	College/University

<b>Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities</b>		
Name of Course(s)	Course Number	College/University



<b>Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities</b>		
Name of Course(s)	Course Number	College/University

<b>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities</b>		
Name of Course(s)	Course Number	College/University

<b>Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</b>		
Name of Course(s)	Course Number	College/University