

Use the following checklist to help organize your application.

Checklist of Required Documents: You must submit:

1. Citizenship/Lawful Presence and Evidence of at least 19 years of age:

If you ARE a U.S. Citizen, a photocopy of one of the following:

- _____ 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);
- _____ American Indian Card (I-872); the I-872 card is only issued to members of the Texas Band of Kickapoos;
- _____ Certificate of Naturalization (N-550 or N-570);
- _____ Certificate of Citizenship (N-560 or N-561);
- _____ Certification of Report of Birth (DS-1350);
- _____ Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- _____ Certification of Birth Abroad (FS-545 or DS-1350);
- _____ United States Citizen Identification Card (I-197 or I-179); or
- _____ Northern Mariana Card (I-873).

If you ARE a Qualified Alien or a Non-Immigrant under the Federal Immigration and Nationality Act, a photocopy of one of the following:

- _____ 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.

If you are not a U.S. Citizen nor a Qualified Alien under the Federal Immigration and Nationality Act and are lawfully present in the United States, you may still be eligible for a license if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following documents under the Federal REAL ID Act:

- _____ 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; or 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 4-6 weeks.

2. Conviction Information: If you have **EVER** had a misdemeanor or felony conviction, you must submit:

- (a) A copy of the court record;
- (b) 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 conviction;
- (c) If the conviction involved a drug and/or alcohol related offense and drug/alcohol treatment was obtained or required, all evaluations/discharge summaries; and
- (d) If you are currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

Applicants are required to list ALL misdemeanor and felony convictions (regardless of when they occurred); 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 misdemeanors/felony convictions. **The following provides SOME examples of convictions; this is NOT an all-inclusive list:**

<ul style="list-style-type: none"> • MIP • DUI / DWI • Controlled Substance • Open Container • Tobacco Use by Minor • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault • Disorderly Conduct / Disorderly House • Reckless Driving 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks • Bad Check
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3. Other Licensing Information: If you hold or have held a license/certificate/registration to provide health related services in a state/jurisdiction **other than Nebraska**, you must submit verification of the license(s) (even if that license is no longer current).
 Disciplinary Action: If you have had any disciplinary action(s) taken against your license, you must submit a copy of the disciplinary action(s), including charges and findings.
4. Experience: Your supervisor must complete and submit Page 5 of the application which verifies your supervised experience with clients diagnosed under the major mental illness or disorder category (experience gained after receipt of your master's/doctoral degree).
5. License Fee: See the license application for a listing of fees. **Pay by check or money order (your cancelled check is your proof of receipt). We are unable to accept electronic payments.** Check should be made payable to: Licensure Unit. Please note: payment is processed upon receipt.

IF APPLYING UNDER OPTION 2, you must also submit:

1. Coursework: If applying under Option 2 – CACREP equivalency, you must submit the coursework information (pages 6-8). If you are applying based on COAMFTE or CSWE equivalency, contact this office for the appropriate review forms.
 Official College/University Transcript: This transcript may be submitted with the application in a sealed envelope from the school, sent directly by the school via paper or electronically by emailing **directly to Cindy Kelley's** email address which is- cindy.L.kelley@nebraska.gov
 Course Descriptions: A copy of the syllabus for each coursework area printed **from the time of course completion**.
2. Practicum/Internship: You must submit the affidavit of practicum/internship (Page 9 of the application). **This practicum or internship must have been completed as part of your degree program (not as work experience after your degree was issued).**

IF APPLYING BASED ON RECIPROCITY, you must also submit:

1. Reciprocity: If applying based on RECIPROCITY, you must also provide:
 Official College/University Transcript: This transcript may be submitted with the application in a sealed envelope from the school, sent directly by the school via paper or electronically by emailing **directly to Cindy Kelley's** email address which is- cindy.L.kelley@nebraska.gov
 Examination Scores: An **official** copy of your examination scores. To be official, the scores must be sent directly from the testing agency or another licensing board.
 Statutes/Regulations: A copy of the requirements in affect at the time you were originally issued your license.

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 Processing: You can check the receipt of your application at: <https://www.nebraska.gov/LISSearch/search.cgi>
If your file shows 'status: pending' then your application has been received by the Department. **All applications will be processed in date order received. License Decision: Approximately 3-4 weeks from receipt of a complete application.**

Contact Information: Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska 68509-4986
Telephone: 402-471-4905 / FAX: 402-742-1106 / E-Mail: cindy.L.kelley@nebraska.gov



APPLICATION FOR A LICENSE AS AN INDEPENDENT MENTAL HEALTH PRACTITIONER

Division of Public Health /Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986

You must complete all sections of this application

SECTION A – PERSONAL INFORMATION												
1	You must provide your Legal Name below											
	First:	Middle:	Maiden Name:	Last Name:								
List any other names you are or have been known as (AKA):												
2	Mailing Address:		Street/PO/Route:									
	City:			State or Country:				Zip:				
3	Provisional MHP License Number:			Date of Birth:			Place of Birth:					
	Mental Health Practice License Number:											
4	Phone #: (optional)				Additional Phone #: (optional)							
5	E-Mail Address: (optional)											
6	Check the correct box(s) and provide your number:		<input type="checkbox"/> Social Security Number (SSN):									
	Providing your SSN is mandatory		<input type="checkbox"/> Alien Registration Number ("A#"):									
Neb. Rev. Stat. 38-123 mandates the 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 Department of Revenue, the Department of Labor and for other Administrative purposes.												

FEES: For applicants who **ALSO HOLD** a LMHP

Determine the month and year in which you are submitting 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

FEES: For applicants who **DO NOT HOLD** a LMHP:

Determine the month and year in which you are submitting 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

Make Payable to "Licensure Unit"

Licenses expire 9/1 of each even-numbered year

LICENSURE OPTIONS

All applicants must complete this section

Check below the 'Licensure Option' for which you are requesting an Independent MHP License:

OPTION 1: Accredited Program:

If you graduated with a masters' or doctoral degree from an educational program which is accredited, at the time of graduation or within four years after graduation, by the Council for Accreditation of Counseling and Related Educational Programs, the Commission on Accreditation for Marriage and Family Therapy Education, or the Council on Social Work Education.

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)

You must also submit evidence that the degree you received was accredited at the time of graduation or within 4 years after graduation.

This may include a copy of the program's accreditation as found on the following web sites:

- COAMFTE: <http://www.aamft.org/cgi-shl/twserver.exe?run:COALIST>
 CACREP: <http://www.cacrep.org/directory/directory.cfm>
 CSWE: <http://www.cswe.org/Accreditation/accredited-programs.aspx>

OPTION 2: Equivalent to Accredited Program:

If you graduated with a masters' or doctoral degree from an educational program which was NOT accredited by COAMFTE, CACREP or CSWE, but you believe it is equivalent in didactic content and supervised clinical experience to a program accredited by COAMFTE, CACREP or CSWE, your application will be reviewed by the Board of Mental Health Practice for equivalency; such review may take up to 90 days to complete. **You must complete 'ATTACHMENT 2 – ELIGIBILITY WORKSHEET' if applying based on CACREP equivalency.**

Please review the accredited criteria found on the COAMFTE, CACREP or CSWE websites, and indicate which accredited program you believe your program is equal to:

- 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)

If you are applying by **OPTION 1 or OPTION 2**, you must meet the following experience requirements:

At least **3,000** hours of experience obtained in **at least 2 years and not more than 5 years** and supervised by a licensed physician, a licensed psychologist, or a licensed independent mental health practitioner, one-half of which is comprised of experience with clients diagnosed under the major mental illness or disorder category.

OPTION 3: Non-Accredited or Non-Equivalent Program: (Does not apply to Reciprocity Applicants)

If you received a master's degree from a program that is not accredited or is not deemed to be equivalent to COAMFTE, CACREP or CSWE, please check this box.

If you are applying by **OPTION 3** you must meet the following experience requirements:

At least **7,000** hours of experience obtained in **at least 10 years** and supervised by a licensed physician, a licensed psychologist, or a licensed independent mental health practitioner, one-half of which is comprised of experience with clients diagnosed under the major mental illness or disorder category.

SECTION B – DEGREE

Name of College/University:		
Type of Degree Received:		Date of Degree:
Major:		

If applying by reciprocity (licensed in another state), you must submit an official transcript showing receipt of your master's/doctoral degree.

SECTION C – POST-MASTER’S EXPERIENCE:
EACH supervisor/s must submit an Affidavit of supervised experience (page 5)

Name of Supervisor(s):

1	Supervisor's Name:	First:	Middle:	Last:
2	Supervisor's Name:	First:	Middle:	Last:
3	Supervisor's Name:	First:	Middle:	Last:
4	Supervisor's Name:	First:	Middle:	Last:

SECTION D – CONVICTION AND LICENSURE INFORMATION
Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

CONVICTION INFORMATION: You must list ALL misdemeanor or felony convictions (regardless of when they occurred or whether you previously listed them on a prior 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 and felony convictions.

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

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 or by phone **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.

2	Do you hold or have you held an active or inactive (similar status) credential in any other state(s) or jurisdiction?	If yes, what state(s) are/were you licensed in?	What type of credential(s) do you hold or have you held?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Licensure Action	Date of Action	Name of Entity Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
3	Have you ever been denied the right to take a licensure examination?	If yes, please explain below.		
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

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 E - PRACTICE PRIOR TO LICENSURE

An individual who practices prior to issuance of a license is 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.

1	<input type="checkbox"/> No. I have NOT practiced independent mental health in Nebraska without a license before submitting the application? <input type="checkbox"/> Yes. I have practiced independent mental health in Nebraska without a license before submitting the application?					
2	If yes, what are the actual number of days you practiced in Nebraska without a license and what is the business name, location and telephone number of the practice:	<table border="1"> <tr> <td data-bbox="885 489 1557 546">Number of days:</td> </tr> <tr> <td data-bbox="885 546 1557 602">Name of Business:</td> </tr> <tr> <td data-bbox="885 602 1557 659">City:</td> </tr> <tr> <td data-bbox="885 659 1557 711">Telephone #:</td> </tr> </table>	Number of days:	Name of Business:	City:	Telephone #:
Number of days:						
Name of Business:						
City:						
Telephone #:						

SECTION F – ATTESTATION

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check ONE of the boxes below*):

I attest that:

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.

NOTE: You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

Application Attestation: I attest that:

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

Print Name: _____

Signature: _____ Date: _____

Division of Public Health – Licensure Unit
P. O. Box 94986 - Lincoln, NE 68509-4986
(402) 471-4905 cindy.l.kelley@nebraska.gov

AFFIDAVIT OF SUPERVISED EXPERIENCE
Supervisor must complete this form

Applicant's Name: _____
(Name of Person you provided supervision)

(Print or Type)

SECTION A – SUPERVISOR INFORMATION			
1. Supervisor's Name:	First: _____	Middle: _____	Last: _____
	Street/PO/Route: _____		
	City: _____	State: _____	Zip: _____
3. Indicate the Type of License you hold:	<input type="checkbox"/> Licensed Physician License # _____ Date Issued: _____	<input type="checkbox"/> Licensed Psychologist License # _____ Date Issued: _____	<input type="checkbox"/> Licensed Independent Mental Health Practitioner License # _____ Date Issued: _____

SECTION B – SUPERVISED EXPERIENCE
<p><u>OPTION 1 or OPTION 2:</u> If the applicant is applying under this option, provide the following information:</p> <p><input type="checkbox"/> I supervised the applicant for at least 3,000 hours and of these hours at least 1,500 hours included experience with clients diagnosed under the major mental illness or disorder category.</p> <p><u>OR</u></p> <p><input type="checkbox"/> I supervised the applicant for less than 3,000 hours.</p> <p># _____ List the total number of hours you supervised</p> <p># _____ List the number of hours that included experience with clients diagnosed under the major mental illness/disorder category</p> <p>This experience must have been obtained in at least 2 years and not more than 5 years and must be supervised by a licensed physician, licensed psychologist, or licensed independent mental health practitioner.</p> <p>List the Dates of experience: from _____ to _____. (month/day/year) (month/day/year)</p>

OR

<p><u>OPTION 3:</u> If the applicant is applying under this option, provide the following information:</p> <p><input type="checkbox"/> I supervised the applicant for at least 7,000 hours and of these hours at least 3,500 hours included experience with clients diagnosed under the major mental illness or disorder category.</p> <p><u>OR</u></p> <p><input type="checkbox"/> I supervised the applicant for less than 7,000 hours.</p> <p># _____ List the total number of hours you supervised</p> <p># _____ List the number of hours that included experience with clients diagnosed under the major mental illness/disorder category</p> <p>This experience must have been obtained in at least 10 years and supervised by a licensed physician, a licensed psychologist, or a licensed independent mental health practitioner</p> <p>List the Dates of experience: from _____ to _____. (month/day/year) (month/day/year)</p>

<p><u>Supervisor Signature:</u> I state that I am the supervisor who is completing this form and the statements are true and complete.</p> <p>_____ (Print/type) Name of Person completing this form</p> <p style="text-align: right;">Signature: _____ Date Signed: _____</p>
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SECTION G

**OPTION 2 – CACREP
Eligibility Worksheet**

Applicant's Name: _____

If you graduated with a masters' or doctoral degree from an educational program which was NOT accredited by CACREP, but you believe it is equivalent in didactic content and supervised clinical experience to a program accredited by CACREP, you must complete this eligibility worksheet which sets out the CACREP accreditation standards.

YOU MUST SUBMIT A COURSE SYLLUBUS FOR EACH COURSE AT THE TIME OF COURSE COMPLETION. This information will be reviewed by the Board of Mental Health Practice for equivalency; such review may take up to 60 days to complete.

Total Program Hours Required by CACREP:

A minimum of 60 semester hours (effective July 1, 2013) is required of all students in the following areas. If the master's degree is less than the required hours specified, additional hours can be attained outside of the program to equal the required semester hours – these additional hours must be graduate hours and have a mental health focus.

- Counseling
- Gerontological Counseling
- School Counseling
- Student Affairs

Please list the total # of credits you earned _____

A minimum of 60-semester credit hours or 90-quarter credit hours required of all students in the following areas:

- Mental Health Counseling and Marital
- Couple and Family Counseling/Therapy

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

Coursework Areas Required by CACREP:

Area 1 - PROFESSIONAL IDENTITY - studies that provide an understanding of all of the following aspects of professional functioning:

- a) history and philosophy of the counseling profession, including significant factors and events;
- b) professional roles, functions, and relationships with other human service providers;
- c) technological competence and computer literacy;
- d) professional organizations, primarily ACA, its divisions, branches, and affiliates, including membership benefits, activities, services to members, and current emphases;
- e) professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues;
- f) public and private policy processes, including the role of the professional counselor in advocating on behalf of the profession;
- g) advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients; and
- h) ethical standards of ACA and related entities, and applications of ethical and legal considerations in professional counseling.

Name of Course(s)	Course Number	College/University

Area 2 - SOCIAL AND CULTURAL DIVERSITY - studies that provide an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individuals, couples, families, ethnic groups, and communities including all of the following:

- a) multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally;
- b) attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities;
- c) individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups;
- d) counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body;
- e) theories of multicultural counseling, theories of identity development, and multicultural competencies; and
- f) ethical and legal considerations.

Name of Course(s)	Course Number	College/University

Area 3 - HUMAN GROWTH AND DEVELOPMENT - studies that provide an understanding of the nature and needs of individuals at all developmental levels, including all of the following:

- a) theories of individual and family development and transitions across the life-span;
- b) theories of learning and personality development;
- c) human behavior including an understanding of developmental crises, disability, exceptional behavior, addictive behavior, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior;
- d) strategies for facilitating optimum development over the life-span; and
- e) ethical and legal considerations.

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

Area 4 - CAREER DEVELOPMENT - studies that provide an understanding of career development and related life factors, including all of the following:

- a) career development theories and decision-making models;
- b) career, vocational, educational, occupational and labor market information resources, visual and print media, computer-based career information systems, and other electronic career information systems;
- c) career development program planning, organization, implementation, administration, and evaluation;
- d) interrelationships among and between work, family, and other life roles and factors including the role of diversity and gender in career development;
- e) career and educational planning, placement, follow-up, and evaluation;
- f) assessment instruments and techniques that are relevant to career planning and decision making;
- g) technology-based career development applications and strategies, including computer-assisted career guidance and information systems and appropriate world-wide web sites;
- h) career counseling processes, techniques, and resources, including those applicable to specific populations; and
- i) ethical and legal considerations.

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

Area 5 - HELPING RELATIONSHIPS - studies that provide an understanding of counseling and consultation processes, including all of the following:

- a) counselor and consultant characteristics and behaviors that influence helping processes including age, gender, and ethnic differences, verbal and nonverbal behaviors and personal characteristics, orientations, and skills;
- b) an understanding of essential interviewing and counseling skills so that the student is able to develop a therapeutic relationship, establish appropriate counseling goals, design intervention strategies, evaluate client outcome, and successfully terminate the counselor-client relationship. Studies will also facilitate student self-awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries;
- c) counseling theories that provide the student with a consistent model(s) to conceptualize client presentation and select appropriate counseling interventions. Student experiences should include an examination of the historical development of counseling theories, an exploration of affective, behavioral, and cognitive theories, and an opportunity to apply the theoretical material to case studies. Students will also be exposed to models of counseling that are consistent with current professional research and practice in the field so that they can begin to develop a personal model of counseling;
- d) a systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions. Students will be exposed to a rationale for selecting family and other systems theories as appropriate modalities for family assessment and counseling;
- e) a general framework for understanding and practicing. Student experiences should include an examination of the historical development of consultation, an exploration of the stages of consultation and the major models of consultation, and an opportunity to apply the theoretical material to case presentations. Students will begin to develop a personal model of consultation;
- f) integration of technological strategies and applications within counseling and consultation processes; and ethical and legal considerations.

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

Area 6 - GROUP WORK - studies that provide both theoretical and experiential understandings of group purpose, development , dynamics, counseling theories, group counseling methods and skills, and other group approaches, including all of the following:

- principles of group dynamics, including group process components, developmental stage theories, group members' roles and behaviors, and therapeutic factors of group work;
- group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles;
- theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature;
- group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and methods of evaluation of effectiveness;
- approaches used for other types of group work, including task groups, psychoeducational groups, and therapy groups;
- professional preparation standards for group leaders; and
- ethical and legal considerations.

Name of Course(s)	Course Number	College/University

Area 7 - ASSESSMENT - studies that provide an understanding of individual and group approaches to assessment and evaluation, including all of the following:

- historical perspectives concerning the nature and meaning of assessment;
- basic concepts of standardized and nonstandardized testing and other assessment techniques including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, behavioral observations, and computer-managed and computer-assisted methods;
- statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations;
- reliability (i.e., theory of measurement error, models of reliability, and the use of reliability information);
- validity (i.e., evidence of validity, types of validity, and the relationship between reliability and validity);
- age, gender, sexual orientation, ethnicity, language, disability, culture, spirituality, and other factors related to the assessment and evaluation of individuals, groups, and specific populations;
- strategies for selecting, administering, and interpreting assessment and evaluation instruments and techniques in counseling;
- an understanding of general principles and methods of case conceptualization, assessment, and/or diagnoses of mental and emotional status; and
- ethical and legal considerations.

Name of Course(s)	Course Number	College/University

Area 8 - RESEARCH AND PROGRAM EVALUATION - studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation, including all of the following:

- the importance of research and opportunities and difficulties in conducting research in the counseling profession,
- research methods such as qualitative, quantitative, single-case designs, action research, and outcome-based research;
- use of technology and statistical methods in conducting research and program evaluation, assuming basic computer literacy;
- principles, models, and applications of needs assessment, program evaluation, and use of findings to effect program modifications;
- use of research to improve counseling effectiveness; and
- ethical and legal considerations.

Name of Course(s)	Course Number	College/University

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

You must submit evidence of at least a total of 700 hours of practicum/internship clock hours as part of your master's or doctoral degree program, of which at least 280 must be direct client hours. Your supervisor or internship director must submit Attachment 2-A (or similar documentation) to verify fulfillment of the practicum/internship requirement.

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

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

Nebraska Department of Health and Human Services
Division of Public Health-Licensure Unit
P. O. Box 94986 - Lincoln, NE 68509-4986
(402) 471-4905
cindy.L.kelley@nebraska.gov

**MASTER'S PRACTICUM OR INTERNSHIP
VERIFICATION**

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

NOTE: The internship requirement for the LIMHP is at least 700 hours (MHP only required 300 hours)

SUPERVISOR INFORMATION:

Name of Supervisor: _____ License #: _____

Name of Applicant: _____

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

Name of on-site practicum/internship supervisor: _____

License/Certificate Number: _____

State of Licensure/Certification: _____

ATTESTATION: I 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