

## **Alcohol and Drug Counseling Reinstatement Information:**

If your license was disciplined, please contact the Licensure Unit for the appropriate application.

This application relates to a License which has:

- Been Revoked for non-payment;
- Expired;
- Been placed on Inactive status; or
- Lapsed

**To reinstate your license**, you must:

1. Complete the attached application for reinstatement.
2. Have a valid Social Security #, or an Alien Registration #
3. Be lawfully present in the U.S.
4. Have completed at least 40 hours of continuing education within 24 months of this application.
  - **At least 20 hours of continuing education per biennial renewal period must be alcohol and drug specific.** (All 40 hours may be alcohol and drug specific.)
  - A licensee may earn **up to 20** hours of continuing education per biennial renewal period in activities that **may not** be alcohol and drug specific. To count for renewal, these hours **must be approved** by one of the following organizations: 1) American Counselors Association (ACA) or National Board for Certified Counselors (NBCC); 2) American Medical Association (AMA); Nebraska Medical Association (NMA); 3) American Nurses Credentialing Center's Commission on Accreditation; 4) American Psychological Association (APA); 5) National Association of Social Workers (NASW); 6) American Association of Marriage and Family Therapists (AAMFT); or 7) Nebraska Nurses Association (NNA).
5. Pay the renewal and reinstatement fees. (see page 1 of the application).

If you reinstate your license at this time, the expiration date will be September 1<sup>st</sup> of the even-numbered year; at least 30 days prior to the expiration date, you will be sent a renewal notice notification of the need to submit a completed renewal application, the renewal fee payment and evidence of 40 hours of continuing competency on or before the expiration date.

**If you are NOT a U.S. Citizen**, you must submit:

1. Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card.
2. Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa.
3. Employment Authorization Document (EAD) (unexpired) **AND** Evidence of 1 of the following documents under the Federal REAL ID Act:
  - 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.

### **Notice:**

If you practiced after the expiration date of your license and prior to reinstatement, you are subject to an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations governing alcohol and drug counseling (such as probation, limitation, censure, etc).

Additionally, if you committed any other violation of the statutes or regulations governing the practice, the Department may deny the application for reinstatement of the license or reinstate the license to active status and impose limitation(s) or other disciplinary actions on the license.

### **Questions:**

If you have any questions regarding the procedure for reinstatement, please contact the Licensure Unit, at (402) 471-4900 or [DHHS.licensure2117@nebraska.gov](mailto:DHHS.licensure2117@nebraska.gov)



Department of Health and Human Services  
 Division of Public Health - Licensure Unit  
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986  
 Telephone #: 402-471-4900  
 Email DHHS.licensure2117@nebraska.gov

## ALCOHOL AND DRUG COUNSELING APPLICATION FOR REINSTATEMENT

This section for Office Use Only

Expiration Date: \_\_\_\_\_  
 Date of Status: \_\_\_\_\_  
 Date of License: \_\_\_\_\_  
 DOB: \_\_\_\_\_

**FEES:**

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$210	\$175	\$78.75	\$78.75	\$78.75	\$78.75	\$78.75	\$78.75	\$210	\$210	\$210	\$210
Odd Numbered Year	\$210	\$210	\$210	\$210	\$210	\$210	\$210	\$210	\$210	\$210	\$210	\$210

You must submit the fee for the month above. Make payable by check or money order to "Licensure Unit."

**Applicants must complete ALL sections of this application**

**SECTION A – PERSONAL INFORMATION**

**NOTE: All mailings will be sent to the address you indicate below--if you change your address, you MUST advise this office.**

Lic #:		Date of Birth:	
Legal Name:	First:	Middle/MI:	Last:
Other Names you are known as (AKA):Maiden			
Mailing Address:	Street/PO/Route:		
	City:	State or Country:	Zip:

To reinstate your license, you must have a valid Social Security Number, Alien Registration Number, and/or I-94 Number.

1	Enter your Social Security Number and Alien Registration Number. If you have both a SSN and A#, you must report both.	SSN#									
		A#									
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 as well as to the Nebraska Department of Revenue, Department of Labor and for other Administrative purposes.											
2	<p>Were you convicted of a misdemeanor or felony in any state/jurisdiction since your license was last renewed (or since your initial license if such was within the past 24 months). If you answer <b>YES</b> to this question, you must submit the documents to the Licensure Unit:</p> <ul style="list-style-type: none"> <li>A copy of the court record, which includes charges and disposition;</li> <li>Explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;</li> <li>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</li> <li>A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;</li> </ul> <p>List below any misdemeanor or felony convictions</p> <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th style="width: 35%;">Type of Crime</th> <th style="width: 20%;">Date of Action</th> <th style="width: 45%;">Name of Court/Entity Taking action</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Type of Crime	Date of Action	Name of Court/Entity Taking action							<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Crime	Date of Action	Name of Court/Entity Taking action									
3	Have you held a license that was issued by another jurisdiction(s)/state to provide health services, health-related services, or environmental services since your Nebraska license was last renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
3a	Has such license been denied, refused renewal, or disciplined since your Nebraska license was last renewed? (If "YES", provide a copy of the disciplinary action(s) record.	<input type="checkbox"/> Yes <input type="checkbox"/> No									

**NOTE:** If you have any criminal charges or credential disciplinary actions pending that result in misdemeanor or felony conviction or credential discipline, you must report such actions to of Office of Investigation [http://dhhs.ne.gov/Pages/reg\\_invest-p.aspx](http://dhhs.ne.gov/Pages/reg_invest-p.aspx) within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125). Failure to disclose any such convictions/credential discipline could result in disciplinary action.

**Licensure Information:**  
The following questions relate to a credential (license/certificate/registration) that you hold or have held in health services, health related services or environmental services in another jurisdiction.

		Yes	No		
2	Do you hold or have you held a license in any state?  <i>If you answer 'yes' to this question, you must respond to question 2a</i>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?
2a	Has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action
					Name of Entity taking Action
3	Have you ever been denied the right to take a credentialing examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:	

**If you answered YES to question #2a above, you must submit Official Documents from the State Board in which the disciplinary action was taken.**

**SECTION C - CONTINUING EDUCATION:** You must have completed 40 hours of continuing education credit within 24 months of this application for reinstatement.

**CONTINUING EDUCATION HOURS:**

<input type="checkbox"/> Yes	Have you met the continuing education requirements for your profession? If no, you may apply for a waiver as indicated below.
<input type="checkbox"/> No	

Continuing Education requirements are listed below:

**ALCOHOL AND DRUG SPECIFIC HOURS:** At least 20 hours of continuing education per biennial renewal period must be alcohol and drug specific. (All 40 hours may be alcohol and drug specific.) Continuing education hours approved by the Department or presented by or approved by one of the following organizations will be deemed alcohol and drug specific: 1) Addiction Technology Transfer Centers (ATTC); 2) American Society of Addiction Medicine (ASAM); or 3) National Association of Alcohol and Drug Abuse Counselors (NAADAC).

**NON-ALCOHOL and DRUG SPECIFIC HOURS:** A licensee may earn up to 20 hours of continuing education per biennial renewal period in activities that may not be alcohol and drug specific. To count for renewal, these hours must be approved by one of the following organizations: 1) American Counselors Association (ACA) or National Board for Certified Counselors (NBCC); 2) American Medical Association (AMA); Nebraska Medical Association (NMA); 3) American Nurses Credentialing Center's Commission on Accreditation; 4) American Psychological Association (APA); 5) National Association of Social Workers (NASW); 6) American Association of Marriage and Family Therapists (AAMFT); or 7) Nebraska Nurses Association (NNA).

Per biennial renewal period, a licensee may earn up to a total of:

- 15 hours of CE through home study programs.
- 10 hours of CE through research. This must be a peer review environment by either poster session or publication.
- 15 hours of CE as the presenter. Hours will not be granted for repeat presentations within the same biennial.

**WAIVER OF CONTINUING EDUCATION:** If you have not completed the continuing education requirement, and wish to apply for a waiver of the continuing education requirement, check the appropriate reason below:

<input type="checkbox"/>	<b>Military:</b> I have served in the regular armed forces of the United States or am actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately preceding the biennial licensure renewal date. If you meet this exemption, you are not required to pay the renewal fee. (Attach military orders)
<input type="checkbox"/>	<b>Initial License:</b> I was first licensed within the 24 months immediately preceding the reinstatement date.
<input type="checkbox"/>	<b>Illness/Disability:</b> I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the 24 months immediately preceding the licensure renewal date. (Attach a statement from treating physician(s) stating that the licensee was injured or ill, the duration of the illness or injury and of the recovery period, and that the licensee was unable to attend continuing education programs during that period.)

**Documentation (if requested above) must be provided to support your request for waiver of continuing education. If the specified documentation is not submitted, review and processing of your license reinstatement cannot occur.**

**SECTION D – ATTESTATION:** An individual who practices after the expiration date and prior to reinstatement of a license 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 alcohol and drug counseling.

1	Have you practiced alcohol and drug counseling in Nebraska since your license expired/was placed on inactive status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:  # of days: _____	Name of Business: _____
		City: _____ Telephone #: _____

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check only **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.e.: permanent resident (green) card, I-94 document, asylum, etc.)

I am a nonimmigrant lawfully present in the United States. (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)

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 certificate 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. (i.e.: DACA, pending asylum, pending refugee, etc.)

**Signature and Application Attestation:** I attest that:

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

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**TO PRINT YOUR WALLET CARD GO TO:** <http://www.nebraska.gov/LISSearch/search.cgi>