

RENEWAL NOTICE

Alcohol and Drug Counselor (LADC)

EXPIRES 9/1/2016

License Information:

To renew on ACTIVE status you must submit the fee and this renewal notice **postmarked on or before 09/01/2016 to avoid expiration of your license. If your license expires, you are not authorized to practice** and an administrative penalty of \$10 per day up to \$1,000 will be assessed if you practice after your license expires.

License #:	
Legal Name:	
Address: <input type="checkbox"/> Check if this is a NEW Address	
City/State/Zip:	
To renew your license, you must have a valid Social Security Number, Alien Registration Number. Enter all numbers you hold below.	
Social Security Number	
Alien Registration Number	

Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.

YOU MUST CHECK A BOX BELOW:

- ACTIVE \$175.00
- INACTIVE (no fee required)
- MILITARY WAIVER (no fee required)

Make payable to:

DHHS
Licensure Unit

(You will not receive receipt)

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

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

INACTIVE STATUS: If you choose Inactive Status, this means that you cannot practice but may represent yourself as having an inactive license. To change from Inactive to Active Status, you **MUST** complete the reinstatement application (can be downloaded online) and meet the requirements which are in effect at the time reinstatement is requested.

Conviction/Discipline Information: You must answer the following questions

1	Were you convicted of a misdemeanor or felony in any state/jurisdiction between 9/1/2014 and 9/1/2016 ? If you answer YES to this question, you must submit the following documents to the Licensure Unit: <ul style="list-style-type: none"> A list of any misdemeanor or felony convictions; A copy of the court record, which includes charges and disposition; 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; 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 A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a	Have you held a credential that was issued by another state/jurisdiction(s) to provide health-related services or environmental services? (If you answer NO to 2a, answer NO to 2b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b	Has this license been denied, refused renewal, or disciplined between 9/1/2014 AND 9/1/2016 ? (If "YES", please provide a list of any disciplinary actions taken against your license and a copy of the disciplinary action(s).)	<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 this Department 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.

Continuing Education (CE): Do NOT submit CE Licenses to this office unless they are requested**CE Completion:**

<input type="checkbox"/>	I have met or will meet the continuing competency requirements on or before SEPTEMBER 1, 2016 . You MUST have completed 40 hours of acceptable continuing education, or have met one of the waivers, between September 1, 2014 and September 1, 2016 in order for your license to be renewed to <u>ACTIVE</u> status (not required if you request inactive status).
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CE Waiver Request:

<input type="checkbox"/>	Military Service: After 9/1/2014 I have served full-time duty in the active military service of the United States, a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. Military service may also include any period during which a service member is absent from duty on account of sickness, wounds, leave, or other lawful cause. If you meet this waiver, you are not required to pay the renewal fee or meet the continuing education requirements.
<input type="checkbox"/>	Initial License: I received my LADC license within the past 24 months (issued after 9/1/2014). If you received your LADC license less than 24 months ago, you are not required to meet the continuing education requirement, but you must pay the fee.
<input type="checkbox"/>	Illness/Disability: I have suffered a serious or disabling illness or physical disability which prevented completion of the 40 hours of continuing competency requirements during the 24 months preceding the license renewal date. (Submit a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and the recovery period, and that you were unable to attend continuing education programs during this period.)

Continuing Education requirements are listed below:

ALCOHOL AND DRUG SPECIFIC HOURS: At least 20 hours of continuing education per 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/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 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 Licensing 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).

For each renewal period, a licensee may earn up to a total of:

1. 15 hours of CE through home study programs.
2. 10 hours of CE through research. This must be a peer review environment by either poster session or publication.
3. 15 hours of CE as the presenter. Hours will not be granted for repeat presentations within the same biennial.

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; **OR**
- 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.

If you are **NOT a citizen of the United States**, you must submit proof of lawful presence in the U.S. Your certificate will NOT be renewed until proof is received by our office and verified through the Department of Homeland Security (may take 4-6 weeks).

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): _____