



STATE OF NEBRASKA

Division of Public Health - Licensure Unit
 P.O. Box 94986 – 301 Centennial Mall South
 Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-4970 carrie.nielsen@nebraska.gov

**APPLICATION FOR A LICENSE AS AN
 ALCOHOL AND DRUG COUNSELOR
 (LADC) BY RECIPROCITY**

LADC licensure via reciprocity is **ONLY** available to those who hold a valid verified reciprocal level credential from a member jurisdiction of the IC&RC/OADA, Inc. or it's successor. (For additional information regarding member jurisdictions view the following web site <http://internationalcredentialing.org/reciprocity>)

FEE: Determine the month and year in which you plan to be licensed.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$175	\$175	\$43.75	\$43.75	\$43.75	\$43.75	\$43.75	\$43.75	\$175	\$175	\$175	\$175
Odd Numbered Year	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175

Licenses expire September 1 of even-numbered years (renewal fee will be \$175).

Make payable to "Licensure Unit."

SECTION A – PERSONAL INFORMATION (All applicants must complete this section)			
NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.			
1	Legal Name	First:	Middle/MI: Last:
	Maiden Name	Name:	Other Names you are known as (AKA):
2	Mailing Address	Street/PO/Route:	
		City:	State or Country: Zip:
3	Date of Birth: Month/Day/Year	Place of Birth: City/State or Country	
4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN); <input type="checkbox"/> Alien Registration Number ("A#"); or <input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:	SSN# A# I-94 #
If you have both a SSN and an A# or I-94 number, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is NOT public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.			
5	Phone #: (optional)	Fax #: (optional)	E-Mail Address: (optional)
6	Current Employer:	Agency:	
		Program/Department/Division:	
7	Work Address:	Street/PO/Route:	
		City:	State: Zip:

SECTION B – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)
Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

NOTE: If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days <http://www.dhhs.ne.gov/reg/investi.htm> or by telephone at 402-471-0175.

Answer each of the following questions by placing a 'X' in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation (see page 5 of application).

Conviction Information:

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

Licensure Information:

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.

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

NOTE: You must request documentation from the IC&RC/AODA, Inc. member jurisdiction that you hold a valid reciprocal credential in that jurisdiction and is entitled to its endorsement;

SECTION C – EDUCATION

Check highest level completed:

<input type="checkbox"/>	High School Diploma or GED	<input type="checkbox"/>	College Degree – Associate	<input type="checkbox"/>	College Degree – Master
<input type="checkbox"/>	Some College	<input type="checkbox"/>	College Degree – Bachelor	<input type="checkbox"/>	College Degree – Doctorate

HIGH SCHOOL/GED

High School Graduate?	<input type="checkbox"/> Yes	If yes, please complete the following:	<input type="checkbox"/> No
School Name:			
School Location:	City:	State:	
Date of Graduation:	(month/year)		
GED Completed?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	If yes, please complete the following: <input type="checkbox"/> No
Date Issued:			
Issued By:	Name:		
	City:	State:	

UNIVERSITY AND COLLEGE (Undergraduate, Graduate, Doctorate)

1	Name:				
	Location				
	From (M/Y)		To (M/Y)		Total Hours:
	Fields of Study:	Major:			Minor:
	Graduation Date (M/Y):		Degree Awarded:		

2	Name:				
	Location				
	From (M/Y)		To (M/Y)		Total Hours:
	Fields of Study:	Major:			Minor:
	Graduation Date (M/Y):		Degree Awarded:		

3	Name:				
	Location				
	From (M/Y)		To (M/Y)		Total Hours:
	Fields of Study:	Major:			Minor:
	Graduation Date (M/Y):		Degree Awarded:		

SECTION D– PRACTICE PRIOR TO CREDENTIAL
An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

1	I have practiced alcohol and drug counseling without a license in Nebraska before submitting the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____
		Name of Business: _____
		City: _____
		Telephone #: _____

SECTION E - ATTESTATION

Lawful Presence in the United States Attestation:

For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

Please check ONLY ONE of the boxes below:

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Alien or Non-immigrant Status: If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

Your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am of good character, and
4. I have read and agree to be bound by the Code of Ethics for alcohol and drug counselor licensure as set out in 172 NAC 15-016 and the Grounds for Discipline for alcohol and drug counselor licensure pursuant to 172 NAC 15-015.03.

Print Name: _____

Signature: _____

Date: _____



NOTE: In order for your application to be considered complete, all applicants MUST also submit a copy of the following documents

1. Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a **copy** of at least one of the following documents:
 - (1) A U.S. Passport (unexpired or expired);
 - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal (Hospital issued keepsake birth certificates are not acceptable);
 - (3) An American Indian Card (I-872);
 - (4) A Certificate of Naturalization (N-550 or N-570);
 - (5) A Certificate of Citizenship (N-560 or N-561);
 - (6) Certification of Report of Birth (DS-1350);
 - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - (8) Certification of Birth Abroad (FS-545 or DS-1350);
 - (9) A United States Citizen Identification Card (I-197 or I-179);
 - (10) A Northern Mariana Card (I-873);
 - (11) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - (13) A document showing an Alien Registration Number ("A#") with visa status; or
 - (14) A Form I-94 (Arrival-Departure Record) with visa status;
3. Education: You must submit the required official school/college/university transcript or training verification;
4. Other Credentialing Info: If you hold or have held a credential to provide health services, health-related services, or environmental services in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential and you must request documentation from the IC&RC/AODA, Inc. member jurisdiction that you hold a valid reciprocal alcohol and drug credential in that jurisdiction and is entitled to its endorsement;
5. Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;
6. Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
 - (a) A copy of the court record, which includes charges and disposition;
 - (b) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - (c) 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
 - (d) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation; and
7. Fee: The required fee (see chart on page 1 of this application).

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

License Requirements: 15-005 RECIPROCITY: The criteria for the issuance of a license and the documentation required by the Department and the Board are set forth below.

15-005.01 Requirements: A person applying for a license must:

1. Hold a valid reciprocal level credential from a member jurisdiction of the IC&RC/AODA, Inc. or its successor. The member jurisdiction and the Department must currently hold membership in the IC&RC/AODA, Inc. or its successor for a reciprocity request to be considered;
2. Have attained the age of majority and is of good moral character; and
3. Have signed an attestation indicating s/he has read and agrees to be bound by the Code of Ethics for alcohol and drug counselor licensure as set out in 172 NAC 15-016 and the Grounds for Discipline for alcohol and drug counselor licensure as set out in 172 NAC 15-015.03.