



# Mental Health Practice Board News

Volume 1, Issue 1

April 2004

Nebraska

## WELCOME!

Welcome to the first issue of the Mental Health Practice Board News! In this issue are articles on issues facing Nebraska's mental health practitioners now and in the future. We also have included information about the Mental Health Practice Board – who the members are, what groups they represent and the functions of the Board.

This newsletter is published on a quarterly basis as part of the Mental Health Practice Board's efforts to reach out to the regulated community and consumers to keep them informed about issues affecting the practice of mental health therapy in the State.

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## CADAC Review Results in Bill Requiring Licensure

By Nancy F. Myers, LMHP, Chair of the MHP Board

The CADAC Directed Review has resulted in recommendations that will change the Certified Alcohol and Drug Addiction Counselors (CADAC) credential. These recommendations have been approved by the Board of Health and went forward as a part of LB 1083 for this legislative session (To access the bill on-line, go the [www.state.ne.us/](http://www.state.ne.us/) and drop down to legislative bills).

LB 1083:

1. Creates a statutory scope of practice for the alcohol and drug counseling profession;
2. Requires CADAC licensure;
3. Locates licensure in the HHSS Department of Regulations and Licensure;
4. Clarifies CADAC scope of practice regarding referral of mental health conditions other than substance abuse;
5. Creates a State licensure board for CADACs;
6. Requires on such board a majority of members who are credentialed only as CADACs, but also have representation for practitioners dually credentialed in another mental health field;
7. Adopts the standards of education and training for CADACs from the ICRC.

The provisions include grandparenting the fully certified CADACs into licensure. The bill is effective July 16th.

The recommendations for the legislation resulted from the formation in October 2003 of the CADAC Directed Review Committee. I was one of seven people appointed by Nebraska Health and Human Services Department (HHSS) to evaluate whether the current CADAC certification was adequate. Over a ten-week period, the committee held public hearings, accepted documentation and reviewed regulations, particularly in relationship to other behavioral health providers.

Up to now, CADAC and LMHP were regulated separately, but had many overlapping practice areas. The state also has had a parallel treatment system, with substance abusers traditionally treated separately from mental health clients. Under the current regulatory practice, CADAC is a voluntary certification. The Committee found, therefore, that the clear authority does not exist to address uncredentialed practice, or to discipline those who do choose to be certified. Also, no provision exists for peer review or public input into disciplinary issues.

The current CADAC regulations also do not clearly define referral requirements for mental health problems other than substance abuse. Testimony was presented to the Committee that identified up to 80% of substance abusers as having co-occurring mental health conditions.

Within the practice of mental health, we will continue to see an increase in clients with co-occurring mental health and substance abuse conditions. Health care reform within Nebraska is recognizing the need to be able to treat dual diagnosis clients in a coordinated way rather than in separate treatment systems. Placing both credentials under the same umbrella would open up opportunities for the disciplines to be able to work together. The review made it clear that both professions will need to work hand in hand to meet client needs.

For LMHPs and mental health practice, this means that we must be able to recognize the needs of the addicted client so that this population can get the help that they need. For those of us who did not have substance abuse education and training in our graduate programs, it will be essential to get a thorough knowledge and skill base in addiction assessment and treatment. It is also imperative that all graduate programs offer substance abuse education and training as part of the curriculum.

## Disaster Mental Health Planning in Nebraska

Submitted by: Denise Bulling, LMHP, University of Nebraska Public Policy Center

A Project Steering Committee has been formed to direct the development of the disaster mental health response and recovery plan for Nebraska. Focus groups with licensed mental health practitioners have been or will be held to determine the role of non-licensed personnel in a mental health response.

The purpose of developing Nebraska's "Mental Health All-Hazards Disaster Plan" is to enhance, at the state level, a coordinated response to mental health and substance abuse service needs in the event of an emergency or disaster. The University of Nebraska Public Policy Center has accepted the contract to create Nebraska's plan, with input and coordination from stakeholders representing groups around the state.

Guidance and funding for the project comes from the US Department of Health and Human Services through the Substance Abuse and Mental Health Services Administration (SAMHSA). The two-year project will result in:

1. The Nebraska All Hazards Behavioral Health Disaster Plan, integrated with emergency management and public health plans;
2. Templates and models for local behavioral health disaster planning congruent with state efforts;
3. A curriculum used to prepare a work force of natural helpers to augment the disaster mental health response.

Four sub-groups are now working to provide direction to the plan in the areas of administration, workforce development, risk communication, and local planning. The final plan draft is anticipated in June 2004.

The Steering Committee has met since December 2003, and is charged with representing the interests of diverse stakeholders in the planning process. Local efforts are well underway in many parts of the state, and the state plan needs to reflect the positive contributions these local planning efforts have made. Successful local collaborations between emergency management, public health, and behavioral health are important to identify and model for use by the rest of the state in their jurisdiction.

The curriculum chosen or developed to educate the non-licensed responders will reflect the needs and concerns of psychologists, marriage and family therapists, professional counselors, social workers, and psychiatrists. In addition, emphasis is being placed on preparation and education of licensed personnel to effectively operate in different phases of disaster. The Workforce development sub-group of the Project Steering Committee is currently reviewing best practices to help guide future educational offerings to practitioners.

Mental Health Practitioners can learn more about disaster preparedness at the upcoming second annual Disaster Behavioral Health Conference in Omaha, July 8 & 9, 2004. The two-day workshop will focus on practical skill development for clinicians and community responders. An outstanding set of speakers/educators is being recruited to advance the knowledge of clinicians in disaster response and treatment strategies.

In addition, licensed mental health practitioners can stay abreast of developments in this area through the web site: [www.disastermh.nebraska.edu](http://www.disastermh.nebraska.edu). Planning documents will be posted for open review and comment at this site

For more information contact Denise at [dbulling@nebraska.edu](mailto:dbulling@nebraska.edu) or (402) 472-1509.

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## Mental Health Practice Regulations to Change in 2004

By Monalisa McGee Snyder, Ph.D., Secretary of the MHP Board

A reduction in fees, an administrative penalty fee, a more "user-friendly" numbering system, changes to the ethics requirements in continuing education, more detailed definition of sexual intimacy and professional conduct are some of the changes to the regulations being considered by the Nebraska Board of Mental Health Practice.

In 2003, the Board undertook revisions to the regulations pertaining to the licensure of mental health practitioners and the associated certifications of social workers, master social workers, professional counselors, and marriage and family therapists as defined by Neb. Rev. Stat. §§71-1,295 to 71-1,338 and the Uniform Licensing Law. A public hearing was held February 19, 2004; however, the regulations must move through two review steps (Attorney General and Governor) before taking effect. If all goes smoothly, the changes are expected to become effective sometime within the next 6 months. The target date for these changes is July, in time for implementation for the September 1 renewal date.

From a visual perspective, the most notable change is the formatting--a more streamlined "user friendly" numeric system. From a content perspective, the most pronounced changes are in the Curricula of Approved Programs, Clinical Supervision & Supervisor Mandates, and Ethics Requirements within Continuing Education: a more detailed definition pertaining to Sexual Intimacy & Professional Conduct; a reduction in fees charged for licensing/certification; and an administrative penalty fee for licensees who continue to practice after the expiration date.

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## Mental Health Practice Regulations to Change in 2004 (cont'd)

The specific changes are as follows:

- Revised the coursework requirements for licensure and certification.
- Included clinical hypnosis and addiction therapy in the definition of psychotherapy.
- Added the following 2 qualifiers to the definition of what a Qualified Supervisor means for Mental Health Practice and each of the Allied Certifications:
  - Has not had his/her license disciplined, limited, suspended, or placed on probation during the 1 year immediately preceding the application
  - At least 1 year must have elapsed following completion of any disciplinary terms and conditions
- Restricted to five the number of provisionally licensed MHPs who may be supervised by one qualified mental health practice credentialed supervisor.
- Allowed a Provisionally Licensed MHP to be able to reapply one additional time.
- Required 2 of the 32 hours of continuing education to be mental health practice ethics related coursework.
- Enhanced the definition of Unprofessional Conduct regulations pertaining to sexual intimacy with clients.
- Included an administrative penalty fee for individuals who practice after the expiration date of his/her license (\$10 per day up to \$1,000)
- Reduced the licensure and certification fees as follows:

Initial Licensure and Renewal	Current Fee	Proposed Fee
Mental Health Practitioner	\$125	\$50
Marriage and Family Therapist	\$ 50	\$25
Master Social Worker	\$ 50	\$25
Professional Counselor	\$ 50	\$25
Social Worker	\$100	\$25
Provisional LMHP	\$ 25	\$25
Provisional CMSW	\$ 25	\$25

## Setting Standards for Psychotherapy

By Charlyn Shickell, Ph.D., Member of the MHP Board

In 2003, the Board of Mental Health Practice conducted a study of the number of complaints and disciplinary actions taken by the Board from 1995-2002. This study was undertaken to determine the needs/shortcomings of mental health practitioners and to give direction for future continuing education needs.

The number of Licensees and Certificate Holders in Nebraska in 2003 is shown below:

MHP Licensees in Nebraska 2003	
Licensed Mental Health Practitioners	1,890
Provisional Mental Health Practitioners	686

Certificate Holders in Nebraska 2003	
Marriage & Family Therapists	79
Master Social Workers (with LMHP)	643
Master Social Workers (without LMHP)	11
Provisional MSW	145
Social Worker (Bachelor/Master with no experience)	592
Professional Counselors	814

The five areas of the majority of complaints were in the areas of dual relationships, unprofessional conduct, substance abuse, practicing beyond the scope of practice, and continuing competency. The types of complaints from 1995-2002 ranged from alcohol use to unprofessional conduct as shown in the chart below.

When a complaint is made to Investigations, a committee of 3 members screens the complaint -- one member of the Board of Mental Health Practice, an Assistant Attorney General, and the Investigations Program Manager. The committee decides whether or not to open an investigation based on the complaint. The complaint must contain information that, if true, would

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## Setting Standards for Psychotherapy (cont'd)

constitute a violation, or possible violation, of the Nebraska Uniform Licensing Law, Controlled Substances Act, or other practice acts or rules and regulations. Complaints must be screened within 45 days. If the allegations in the complaint indicate a possible imminent threat to the public health and safety, or that a danger exists that evidence related to the complaint could be tampered with or destroyed, the Director of Investigations can immediately commence an investigation.

Type of Complaint / Issues	
Alcohol Use / Misuse	15
Drug Use / Misuse	16
Failure to Diagnose	7
Federal Sanction	1
Felony / Misdemeanor Conviction	2
Negligence – Sub-standard Care	3
Negligence – Incompetence	3
Practice Beyond Scope	5
Unlicensed Practice	11
Unprofessional Conduct	147

The screening committee may decide that a complaint should be investigated or that no further action is warranted. The complainant will be notified of the decision and may ask the board for a review of the committee's recommendation. If the board recommends that the complaint be re-evaluated, the committee will reconsider its determination. The complainant will be notified of the committee's final decision.

If the committee determines that grounds for an investigation of a complaint exist, an active case file is opened and an investigator is assigned. The investigator submits a written report of his/her findings to the Director of Investigations and to the Board. The Board's role is advisory; it may recommend closing the case with no action, request further investigation, initiate non-disciplinary action, or file a petition. If the subject of the complaint is not licensed, a **Cease and Desist Letter** may be recommended. The Board's recommendation becomes part of the Department's completed investigation report and is submitted to the Attorney General. It is ultimately the Attorney General's decision whether or not a petition for disciplinary action is filed against the licensee or certificate holder.

If a petition for disciplinary action is filed by the Attorney General's Office with the Department of Health and Human Services Regulation and Licensure, the allegations may proceed to a hearing before a designated hearing officer or an agreed settlement may be negotiated with the Attorney General's Office.

### NON-DISCIPLINARY ACTION

If the subject of the complaint is licensed, non-disciplinary actions may be taken, including a Letter of Concern or Assurance of Compliance.

The **Letter of Concern** is sent to the licensee, stating the statute, rule or regulation in question and a statement advising the licensee of the conduct that would violate such statute, rule or regulation. The **Letter of Concern** becomes part of the licensee's public record.

**Assurance of Compliance** includes a statement of the statute, rule or regulation in question along with a description of the conduct that would violate such statute, rule or regulation. Also included is the assurance of the licensee that he/she will not engage in such conduct, as well as acknowledgment by the licensee that violation of the assurance constitutes unprofessional conduct. The licensee agrees not to engage in such conduct. Such assurance is signed by the licensee and becomes part of the licensee's public record.

### DISCIPLINARY ACTION

A **Petition** must be filed when a Disciplinary Action is taken. Disciplinary action may include censure, probation, limitation of the license, civil penalty (not to exceed \$20,000), suspension (loss of license for a specified period of time), revocation (loss of license for at least two years), and voluntary surrender.

The Board's recommendations may include filing a **Petition, Cease and Desist Order, Letter of Concern, Assurance of Compliance** or closing the investigation. The discipline taken is shown below.

Settlements have included payment of a fine, continuing education requirements, ethics courses, two-year probation, body fluid screens, AA/NA meetings, supervision, notification of changes in employment, and an order to obey all state and federal laws.

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## Setting Standards for Psychotherapy (cont'd)

### Investigation Principles

In order for all licensees to be treated fairly, the Board adopted seven principles to guide the investigators:

1. The investigator will treat the licensee with respect and dignity.
2. The investigator will maintain clear boundaries, with questions focused on the complaint area.
3. The investigator will avoid intimidating or lecturing the licensee.
4. The investigator will strive to limit personal bias and prejudice.
5. The investigator will use professional terminology.
6. The investigator will refrain from suggestions regarding Board action.
7. The investigator will write a factual, impartial and accurate report of the investigation.

Board Recommendations 1995 – 2002					
	CPC	CMSW	CSW	LMHP	MFT
Petitions	20	6	1	35	1
Cease/Desist	7	0	1	5	0
Letter of Concern	5	0	0	10	0
Assurance of Compliance	0	0	0	3	0
Close	0	6	10	56	1

Discipline Taken	
Assurance of Compliance	1
Cease / Desist	4
Deny License	0
Grant License	0
Letter of Concern	4
Petition	12

### Conflict of Interest Guidelines

Board members make every effort to preserve impartiality and fairness in their deliberations and abide by the seven guidelines listed below regarding a possible conflict of interest. If a conflict of interest exists, the Board member will excuse himself/herself from the room and the rest of the Board will make recommendations regarding the case without input from the excused Board member. The Conflict of Interest Guidelines are:

1. Have you ever had this individual as a client in mental health therapy?
2. Have you ever been a mental health therapy client of this individual?
3. Are you employed by the same firm or agency as this individual?
4. Are you a member of the immediate family of this individual?
5. Were you a faculty advisor of the individual?
6. Have you ever employed this individual?
7. Have you ever had any other contacts/relationships with this individual that might cause a bias?

The Board would like to encourage licensees to continue to practice ethically and follow the rules and regulations adopted for Mental Health Practitioners. In an effort to assure practitioners are kept abreast of ethical standards, regulations have been proposed to require two continuing education hours of ethics relating to mental health practice each renewal period.

### Complaints:

To file a complaint, see the Investigations Division web site: [www.hhs.state.ne.us/reg/investi.htm](http://www.hhs.state.ne.us/reg/investi.htm). Every licensee who has first-hand knowledge of unlicensed, illegal or unethical activities is required to report such activities (including self-reporting) to the Investigation Division within 30 days of the occurrence. **Failure to report** may result in discipline.

Mandatory Reporting *shall not apply to*:

- The spouse of the person,
- A practitioner, who in the course of treatment of another licensee, obtains or discovers information as part of the practitioner-patient relationship, unless the treating practitioner determines that the condition of the licensee may be such that the licensee's continued practice constitutes a danger to the public health and safety.  
or
- A chemically impaired licensee who enters the [Licensee Assistance Program](#), as authorized by section [Neb. Rev. Stat. § 71-172.01](#), except as provided in such section.

## Licenses and Certificates Issued during 2003

Licenses and Certificates Issued during 2003	
Marriage and Family Therapist	2
Master Social Worker	38
Master Social Worker without MHP	2
Mental Health Practitioners	160
Professional Counselors	68
Provisional Master Social Worker	39
Provisional Licensed Mental Health Practitioner	233
Social Worker	49

## Who Are the Board Members and What Does the Board Do?

The Nebraska Board of Mental Health Practice is what is called an “umbrella” board, because members represent more than one type of practitioner. The Board consists of 10 members: two representatives each from Marriage and Family Therapy (MFT), Mental Health Practitioners (MHP), Professional Counselors (PC), Social Work (SW) and two public members (PM). Members serve five-year terms, and may serve up to two consecutive terms. The Board members for 2004 are listed below.

Name	Representation and Board Office	Effective Date of First Term	Date Current Term Expires
Nancy F. Myers, PhD	Chair - MHP	01/22/96	11/30/2005
Amanda Duffy Randall, PhD	Vice Chair - SW	12/1/2001	11/30/2006
Monalisa McGee Snyder, PhD	Secretary - PC	12/01/01	11/30/2006
John R. Atherton	PC	12/01/03	11/30/2008
Patricia C. Dinslage	Public Member	11/15/93	11/30/2004
Gail M. Lorenzen	Public Member	12/01/03	11/30/2008
Susan Meyerle, PhD	MHP	12/01/03	11/30/2008
M. Thomas Perkins, PhD	SW	12/01/95	11/30/2005
Layne A. Prest, PhD	MFT	12/01/03	11/30/2008
Charlyn R. Shickell, PhD	MFT	11/15/93	11/30/2004

Each member of the board brings something positive to contribute in terms of diversity of perspective and opinion. Professional members of the board bring their education, experience and understanding of what constitutes appropriate preparation and continuing professional conduct for licensure, certification and registration.

Public members, also known as consumer members, contribute their experience as service recipients as well as the public's expectation for health professionals. Public members provide another perspective to the technical and professional expertise of the other members.

The board's role is advisory and may include:

- 1) reviewing and making recommendations on initial applications;
- 2) setting standards related to education and experience;
- 3) making recommendations during the pre-licensure process, such as advising the Department on an applicant who has been convicted of a crime if that crime bears a rational relationship to practice;
- 4) reviewing the equivalency of other states' examinations;
- 5) recommending regulation changes;
- 6) establishing continuing competency requirements for persons engaged in the practice; and
- 7) providing input to the Department in matters related to the reinstatement of licenses. The boards possess a veto power on petitions for reinstatement.

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## Fall '03 Coalition Survey Results Are In

By Nancy F. Myers, LMHP, Chair of the MHP Board

More than half of the Licensed Mental Health Practitioners who responded last September to a survey by the Board of Mental Health Practice are providing either assessment or treatment of substance abuse or both.

The survey was sent in September 2003 to all Nebraska provisionally and fully Licensed Mental Health Practitioners. The survey requested feedback about issues related to the assessment and treatment of drug and alcohol abuse clients and asked the practitioners the following two questions:

1. Are you competent to assess substance abuse problems and dual diagnosis problems?
2. Are you competent to treat substance abuse problems and dual diagnosis problems?

Of the 2,734 surveys sent out, 580 surveys were returned -- a response rate of 21.2%. The survey did not ask whether those who responded were also dually credentialed as CADACs.

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## Fall '03 Coalition Survey Results Are In (cont'd)

Complete survey results are listed below.

The Board of Mental Health Practice and several state professional practice associations were aware of several impending state initiatives being proposed that could affect the scope of practice of LMHPs. A Coalition was formed, consisting of the Board of Mental Health Practice, Nebraska Association of Marriage and Family Therapists, Nebraska Chapter of Social Workers, and Nebraska Counseling Association, to address the issue of the recent Governor-appointed Substance Abuse Work Team's implementation of the Standardization Model.

At the time the survey was sent, the model exclusively authorized Certified Alcohol and Drug Addiction Counselors (CADAC) as the only providers in Nebraska to assess substance abuse court-referred offenders, and excluded LMHP and other providers. The model has since been adapted to include other providers. However, qualifications for approved providers are still being finalized.

At about the same time, Nebraska State Senator Jim Jenson and HHSS Director Richard Nelson initiated a directed 407 review of CADACs to determine whether the voluntary certification program current in place was adequate. The Coalition felt that it was essential to get feedback from LMHPs on this vital issue because substance abuse assessment and treatment is part of the scope of practice for LMHPs, and over a third of CADACs are also LMHPs. Time was short; so field-testing and other survey tools could not be utilized. The survey was sent out on September 25, 2003, and results were tabulated from responses received by November 17, 2003.

In addition, 39 of the LMHPs surveyed responded to a CADAC 407 Directed Review request for comments. The Board thanks those who provided written comments for the CADAC 407 Directed Review. The feedback made a difference in the way in which the Board and professional associations were able to respond.

Charlyn Schickell, Board of Mental Health Practice member, summarized the comments and presented them in late October as a part of the 407 Review. Most of the comments from LMHPs were critical of the current CADAC system. The comments indicated that it was autocratic, rigid and did not recognize academic or other substance abuse credentials.

However, a number of LMHPs were supportive of the current CADAC credential and questioned whether those who have master's level mental health degrees are sufficiently capable of working with substance abusers. Nancy Myers, Board chairperson, was appointed as one of the seven technical review team members. Her comments regarding the results of the review appear in this newsletter.

### SURVEY RESULTS:

Number of Surveys sent:.....2,734  
Number not delivered due to address change: .....94  
Total number of responses received as of 11-17-03: .....580  
(21.2%)

### QUESTIONS:

1. Are you competent to assess substance abuse problems and dual diagnosis problems?
2. Are you competent to treat substance abuse problems and dual diagnosis problems?

### RESPONSES:

Yes to both 1 & 2 ..... 278  
No to both 1 & 2 ..... 222  
Yes to 1/No to 2 ..... 47  
No to 1/Yes to 2 ..... 10  
Did not answer both ..... 23

The Nebraska Health and Human Services System is committed to affirmative action/equal employment opportunity and does not discriminate in delivering benefits or services.

## Disciplinary Information from January 1, 2003 to March 31, 2004

Name	Discipline start date	Discipline end date	Type of Discipline	Profession
Anderson, Earl Todd	6/13/2003		Revocation	MHP & PC
Banta, Pamela S.	9/17/2003		Censure	Mental Health Practitioner
Busse, Jody Lynne	1/3/2003	5/31/2004	Probation	Mental Health Practitioner
Foote, Krista Kay	9/17/2003	9/17/2004	Suspension	Provisional Mental Health Practitioner
Fromm, Carrie Ann	2/25/2003		Revocation	MHP & PC
Grant, Beverly J.	2/25/2003		Revocation	Provisional Mental Health Practitioner
Hailey, Dawn M.	2/28/2003	2/28/2008	Probation	PLMHP and PMSW
Holmquist, Donald William	10/7/2003		Probation	Provisional Mental Health Practitioner
Korth, Therese Marie	10/7/2003	10/7/2008	Probation	MHP and MSW
Loomis, Scott A.	10/27/2003		Revocation	MHP and PC
Meile, David G.	6/4/2003		Suspension	Provisional Mental Health Practitioner
Nelson, Georgia A	6/4/2003	6/4/2008	Probation	Mental Health Practitioner

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## Surfing the State of Nebraska – Web Site, that is!

By Patricia C. Dinslage, Public Member of the MHP Board

An “ocean” of public information can be found on the official State of Nebraska government Web site. Many of the state agencies, as well as the Governor’s Office and Unicameral, each have their own web sites. The public information available to Nebraska citizens, visitors and potential residents covers the gamut of life in the State. Through the Internet, this information now is available 24 hours a day, 7 days a week.

Citizens can find information on their State Senators, including names, office addresses, and legislative districts. They can find information on regulations, state statutes and legislative bills. During the legislative session, live coverage of the session is even available.

The Nebraska Health and Human Services System Web site offers the License Information System, a database of information on all professionals whose licenses are regulated by the HHSS Department of Regulation and Licensure. Consumers, professionals, and any interested persons can find licensing and application information and forms. Information on licensees also is available, including licensee name, address, license number, date of issuance and expiration, license status and any disciplinary action that has been taken against the license. The information in this database is updated nightly to reflect changes.

HHSS also offers a “Professions and Occupations Index” Web site. This site has information about the Licensing Boards, Board meetings and listing of Board members for each of the regulated professions and occupations. A click on a particular profession listed leads to another Web page, which has information on applications, the application process, licensing requirements, license renewal procedures and other information about that regulated profession.

The Internet links to each of the Web sites mentioned above are listed below.

Information on Legislative bills can be found via the following link: <http://www.unicam.state.ne.us/documents/bills.htm>

Information on licensees and licensee records is on the License Information System database, found through this link: <http://www.hhs.state.ne.us/lis/lis.asp>

Information about the regulated professions and occupations, including regulations and statutes, licensing requirements, information and applications, can be obtained through this link: <http://www.hhs.state.ne.us/crl/profindex1.htm>

## For More Information Contact:

For questions not answered on our Web site or if you do not have access to the Internet:

### Licensure and Renewal Information

Cindy Kelley

(402) 471-4905

[cindy.l.kelley@hhs.state.ne.us](mailto:cindy.l.kelley@hhs.state.ne.us)

### Licensure Issues

Kris Chiles, Section Administrator

(402) 471-2117

[kris.chiles@hhs.state.ne.us](mailto:kris.chiles@hhs.state.ne.us)

### Mailing Labels/Listings

Carla Brandt

(402) 471-0178

[carla.brandt@hhs.state.ne.us](mailto:carla.brandt@hhs.state.ne.us)

### Complaint Filing

Investigations Division

(402) 471-0175

[www.hhs.state.ne.us/reg/investi.htm](http://www.hhs.state.ne.us/reg/investi.htm)

### Probation Compliance Monitoring

Ruth Schuldt, RN, BS

(402) 471-0313

[ruth.schuldt@hhs.state.ne.us](mailto:ruth.schuldt@hhs.state.ne.us)

Nebraska Health and Human Services System



Department of Services. Department of Regulation. Department of Finance and Support

Board of Mental Health Practice  
Credentialing Division  
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Lincoln, NE 68509

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