

Mental Health Practice 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- Been Revoked for non-payment;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 32 hours of continuing education within 24 months of this application (**2 of the 32 hours MUST relate to mental health practice ethics**).
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 1st 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 32 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 mental health (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

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



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

Mental Health Practice APPLICATION FOR REINSTATEMENT OF A LICENSE TO PRACTICE

This section for Office Use Only

Expiration Date: _____
 Date of Status: _____
 Date of License: _____
 DOB: _____

I hereby apply for reinstatement of my license/certification
(check applicable credentials)

- Mental Health Practitioner \$190
- Independent Mental Health Practitioner \$85 (\$190 if not reinstating the MHP license)
- Marriage and Family Therapist \$85
- Professional Counselor \$85
- Master Social Worker \$85

Make check/money order payable 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 <u>MUST</u> 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 YES to this question, you must submit the documents to the Licensure Unit:</p> <ul style="list-style-type: none"> 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; <p>List below any misdemeanor or felony convictions</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <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> <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 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.

SECTION B - CONTINUING COMPETENCY: You must have completed 32 hours of continuing competency within 24 months of this application for reinstatement or qualify for a waiver. **2 of the 32 hours of continuing education MUST relate to mental health practice ethics**

CONTINUING COMPETENCY HOURS:

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

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

<input type="checkbox"/>	Military: I have served full-time duty in the active military service of the United States, or 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 during part of the 24 months immediately preceding the biennial licensure renewal date. (You MUST provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.).
<input type="checkbox"/>	Initial License: I was first licensed within the 24 months immediately preceding my date of application for active status.

CONTINUING EDUCATION CATEGORIES

Academic Credit – must be **GRADUATE** coursework
 1 semester hour of academic credit = 15 continuing education credit hours; 1 semester hour credit audited = 8 hours of CE.
 1 quarter hour of academic credit = 10 continuing education credit hours; 1 quarter hour credit audited = 5 hours of CE.
 1 trimester hour of academic credit = 14 continuing education credit hours; 1 trimester hour credit audited = 7 hours of CE.

Home Study Programs may accumulate up to 20 hours of continuing education per renewal period.

Publications written by the licensee and published in a refereed professional journal or book may accumulate up to 20 hours of continuing education per renewal period.

Teaching a college/university course are calculated the same as academic credit; a licensee may accumulate up to 30 of the 32 hours per renewal period.

Dissertations may accumulate up to 32 hours of continuing education per renewal period.

Educational/Training Videos may accumulate up to 10 hours of continuing education within a renewal period utilizing educational/training videos.

Workshop/Seminar/Lecture, etc 1 continuing education hour or credit = 60 minutes of participation, for each fraction of an hour, record in 15 minute increments (i.e.: 1.25, 1.5, 1.75). Workshop presenters may receive credit for the initial presentation only.

ETHICS 2 of the required 32 hours of continuing education **MUST** relate to Mental Health Practice Ethics.

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 mental health.

1	Have you practiced mental health 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 license 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:

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

Print Name: _____ Signature: _____ Date: _____

Phone/Fax (Optional): _____ E-mail (Optional): _____