

**RENEWAL NOTICE**  
**Mental Health and/or Independent Mental Health**  
**License (LMHP/LIMHP)**  
**EXPIRES 9/1/2016**

**License Information:**

To renew on ACTIVE status you must submit the fee and this renewal notice **postmarked on or before 9/1/2016 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, 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.

**NAME CHANGES:** If you 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.

**License Fees & Status:** Check Requested Status:

**LIMHP&LMHP:** If you **HOLD an LIMHP and LMHP** and are renewing BOTH licenses:

- LIMHP Active \$155  
 MHP Active \$ 50  
 TOTAL = \$205 to renew both licenses

**LIMHP ONLY:** If you **HOLD ONLY the LIMHP** and are renewing the license:

- LIMHP Active \$155

**LMHP ONLY:** If you **HOLD ONLY a LMHP** and are renewing the license:

- MHP Active \$155

**Inactive & Military Status - No Fee Required**

- Independent Inactive     LMHP Inactive     Active/Military Waiver

**Certificate Fees & Status:**

If you hold an additional certificate, check requested status and certificate type and list your cert #. If you hold more than 1 certificate, the fee applies to EACH certificate:

	Cert #:
<input type="checkbox"/> PC	
<input type="checkbox"/> \$50 Active <input type="checkbox"/> Inactive, No Fee	
<input type="checkbox"/> MFT	
<input type="checkbox"/> \$50 Active <input type="checkbox"/> Inactive, No Fee	
<input type="checkbox"/> MSW	
<input type="checkbox"/> \$50 Active <input type="checkbox"/> Inactive, No Fee	
<input type="checkbox"/> Active/Military Waiver	

Make check payable to DHHS – Licensure Unit  
 (You will not receive a receipt)

**ONLINE LICENSE RENEWAL:** You may renew your license online at <https://nebraska.mylicense.com/>. To register online 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 mental health 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 <b>09/01/2014 and 09/01/2016?</b> If you answer <b>YES</b> to this question, you must submit the following documents to the Licensure Unit: <ul style="list-style-type: none"> <li>• A list of any misdemeanor or felony convictions;</li> <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>	<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 <b>09/01/2014 AND 09/01/2016?</b> (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

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

<input type="checkbox"/>	I have met or will meet the continuing education requirements on or before <b>SEPTEMBER 1, 2016</b> .  You <b>MUST</b> have <b>completed at least 32 hours of acceptable continuing education (2 of these hours must relate to ethics) or have met one of the CE waivers, between September 1, 2014 and September 1, 2016</b> in order for your License to be renewed.
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**CE Waiver Request:**

<input type="checkbox"/>	<b>Military: After 9/1/2014</b> 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 <b>If you meet this waiver, you are not required to pay the renewal fee or meet the continuing education requirements. You must submit copies of your active service papers.</b>
<input type="checkbox"/>	<b>Initial License Issued:</b> I received my first License within the past 24 months ( <b>first issued after 9/1/2014</b> ). If you first received your License less than 24 months ago, you are not required to meet the continuing education requirement, <b>but you must pay the fee.</b>
<input type="checkbox"/>	<b>Illness/Disability:</b> I have suffered a serious or disabling illness or physical disability which prevented completion of the 32 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.)
<input type="checkbox"/>	<b>Non-Practice:</b> I hold a Nebraska License as a LMHP/LIMHP but am not practicing mental health in Nebraska.
<input type="checkbox"/>	<b>Legal Resident of Another State:</b> I am a legal resident of another state, territory, or the District of Columbia and have not provided mental health services in the State of Nebraska between 9/1/14 and 9/1/16.

**Continuing Education criteria is listed below:****Academic Credit**

- 1 semester hour credit = 15 continuing education credit hours; 1 semester hour credit audited = 8 hours of continuing education.
- 1 quarter hour credit = 10 continuing education credit hours; 1 quarter hour credit audited = 5 hours of continuing education.
- 1 trimester hour credit = 14 continuing education credit hours; 1 trimester hour credit audited = 7 hours of continuing education.

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

**Publications** written by the License 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 License or License holder 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.

**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): \_\_\_\_\_

**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.