

Application Information

Mental Health Practitioner (LMHP)
Marriage and Family Therapist (CMFT)
Professional Counselor (CPC)
Master Social Worker (CMSW)

Nebraska offers 2 types of mental health practice licenses

- **Licensed Mental Health Practitioner** does **NOT** include: Diagnosing major mental illness or disorder except in consultation with a licensed independent mental health practitioner, qualified physician or licensed clinical psychologist; the consultant must make the diagnosis.
- **Licensed Independent Mental Health Practitioner** includes diagnosis & treatment of major mental illness/disorders, without supervision or consultation

If you are **seeking an Independent Mental Health Practice License (LIMHP)** you must complete a separate application for that license type. <http://dhhs.ne.gov/publichealth/Licensure/Documents/IndependentMHPLicenseApp.pdf>

Certifications: Nebraska offers certifications in social work, professional counseling and marriage and family therapy.

The term 'social worker' 'certified professional counselor' and 'certified marriage and family therapy' is title protected, which means, if you WISH TO USE ANY OF THESE TITLES, you must also obtain the applicable certification(s).

Each Section of the application includes detailed instructions.

Application Processing: You can check the Licensure Unit's web site to verify receipt of your application at: <https://www.nebraska.gov/LISSearch/search.cgi> If your record shows 'status pending' your application has been received by the Department but has not been approved.

All applications will be reviewed in date order received; you will receive an e-mail confirmation advising you that your license has been issued or that your application is deficient. If deficient, you will be informed of how to correct your application. You will have 90-days from date of our review, to complete your application. If not completed within this 90 day period, your application will be closed and a refund (if applicable) will be processed.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

DO NOT USE WHITE OUT ON YOUR APPLICATION. If you do, it will be returned to you.

**Submit your application and payment (check or money order) together.
We're unable to accept electronic payments.**



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit

Division of Public Health /Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986

**APPLICATION FOR A LICENSE
AS A MENTAL HEALTH PRACTITIONER**

**and CERTIFICATION as
CMFT, CPC, and/or CMSW**

Check below the type of license/certification you are requesting:

**DO NOT USE WHITE OUT ON YOUR APPLICATION.
If you do, it will be returned to you.**

License:

Mental Health Practice License

MHP Fees - Determine the month and year in which you plan to be licensed in Nebraska (keeping in mind application processing can take up to 3-4 weeks)

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$155	\$155	38.75	38.75	38.75	38.75	38.75	38.75	\$155	\$155	\$155	\$155
Odd Numbered Year	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155

In addition to the MHP license, if you wish to call yourself a Marriage and Family Therapist, a Professional Counselor or a Social Worker, you must also apply for the appropriate certificate(s) below:

Certifications:

Fee

<input type="checkbox"/>	Marriage and Family Therapist (If requesting CMFT, you must also be applying for or have a Mental Health Practice License)	\$50 \$25 (if applying March-August Even # Year)
<input type="checkbox"/>	Professional Counselor (If requesting CPC, you must also be applying for or have a Mental Health Practice License)	\$50 \$25 (if applying March-August Even # Year)
<input type="checkbox"/>	Master Social Worker (If requesting CMSW and will be providing mental health services, must also be applying for or have a Mental Health Practice License)	\$50 \$25 (if applying March-August Even # Year)

Certification as a Master Social Worker ONLY

(not requesting a Mental Health Practice License)

\$125 \$31.25 (if applying March-August Even # Year)

Make payable to: Licensure Unit

NOTE: All credentials expire 9/1 of even years

You must complete all sections of this application

SECTION A: PERSONAL INFORMATION			
1	You must print your Legal Name below		
	First:	Middle:	Last Name:
	List any other names you are or have been known as (AKA), including maiden and your last name on your birth certificate.		
2	Address:	Street/PO/Route:	
	City:	State or Country:	Zip:

3	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):	
4	Phone #: (optional)*	Additional Phone #: (optional)*	
5	E-Mail Address: * phone number and e-mail are optional, but providing this information will speed up our communication with you		
6	Social Security Number:		
	If you are not a U.S. Citizen, list your A# or I-94#:	Alien Registration Number ("A#"):	
		I-94#:	
Neb. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.			

➔ **You must submit the following:**

US Citizenship/Lawful Presence (and must be at least 19 years old):

NOTE: If you hold an Active/Current PLMHP or PCMSW in Nebraska, you are NOT required to resubmit this document.

If you **ARE** a U.S. Citizen, submit a **PHOTOCOPY** of one of the following:

- 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 cannot be accepted**).
- U.S. Passport (unexpired or expired).
- A Certificate of Naturalization.
- Other document that shows U.S. Citizenship

A Driver's License is NOT acceptable.

If you **ARE NOT** a U.S. Citizen submit a **PHOTOCOPY** of one of the following (must be submitted **even if previously sent**):

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; **OR**
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; **OR**
- Employment Authorization Card **AND**
 - 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 in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

SECTION B: EXAMINATION CATEGORY			
1	Examination Type (Check all that apply)		
	<input type="checkbox"/>	National Board for Certified Counselor Examination (NBCC)	NCE <input type="checkbox"/> NCMHCE <input type="checkbox"/>
	<input type="checkbox"/>	Association of Marital and Family Therapy Regulatory Boards (AMFTRB) Examination	
	<input type="checkbox"/>	American Association of State Social Work Boards (AASSWB)	Clinical <input type="checkbox"/> Advanced <input type="checkbox"/> Level C <input type="checkbox"/>
	<input type="checkbox"/>	Other Examination, Name: _____	
2	Date of Examination:		

➔ **You must submit the following:**

Examination: An **official** copy of your examination scores sent directly to us from the testing agency or another licensing board. If you tested based on a letter of authorization from the Licensure office, we will have this information.

SECTION C: EDUCATION

Check this box if you hold an active **Nebraska PLMHP** (provisional mental health practice license)
If yes, you are NOT required to complete the below educational information nor submit a transcript.

Name of College/University:	
Type of Degree Received:	
Date of Degree:	
Degree Major:	

If you received a master's or doctorate degree from one of the following accredited programs, **Check applicable accreditation:**

- Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
- Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Council on Social work Education (CSWE)
- Council on Rehabilitation Education (CORE)
- The American Psychological Association (APA) for a doctoral degree program enrolled in by a person who has a master's degree or its equivalent in psychology

→ You must submit the following:

Transcript - Official College/University Transcript: An official transcript verifying receipt of your masters or doctorate degree. This transcript may be submitted with your application in a sealed envelope, directly by your school/college via paper, or by an electronic transcript service to dhhs.licensure2117@nebraska.gov

Coursework: If you received a masters, a doctoral degree, or the equivalent of a masters degree **from a program other than those listed below as accredited**, you must submit course syllabi for each course you list on the application and the syllabi must be from the time you completed the course. This may be emailed or mailed to us.

- Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) <http://www.aamft.org/cgi-sh/twserver.exe?run:COALIST>
- Council for Accreditation of Counseling and Related Educational Programs (CACREP) <http://www.cacrep.org/directory/>
- The Council on Rehabilitation Education (CORE)
- Council on Social work Education (CSWE) <http://www.cswe.org/Accreditation.aspx>
- The American Psychological Association (APA) for a doctoral degree program enrolled in by a person who has a master's degree or its equivalent in psychology <http://www.apa.org/ed/accreditation/programs/index.aspx>

If you do not know whether your program was accredited, check the applicable accreditation web site before completing your application.

Practicum/Internship: You must submit the affidavit of practicum/internship, unless you hold an active PLMHP. **This practicum or internship must have been completed as part of your degree program (not as work experience after your degree was issued).**

Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the military, you may submit such evidence with your application for review.

SECTION D: SUPERVISOR'S PERSONAL INFORMATION

The supervised experience (at least 3000 hours of mental health practice) must be earned after issuance of your masters' degree.
NOTE: Each supervisor must submit verification of supervised experience.

1	Supervisor's Name:	First:	Middle:	Last:
2	Supervisor's Name:	First:	Middle:	Last:
3	Supervisor's Name:	First:	Middle:	Last:

→ **You must submit the following:**

Post-Masters Experience: Each supervisor must complete an affidavit attesting only to the hours they supervised your post masters mental health services for the period of time that they provided your supervision.

SECTION E: CONVICTION AND LICENSURE INFORMATION

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

CONVICTION INFORMATION: You must list ALL misdemeanor or felony convictions (regardless of when they occurred or whether you previously listed them on a prior application); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

1	Have you EVER been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

NOTE:

If you have any criminal charges or license disciplinary actions pending that result in a conviction or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action. Reporting forms can be obtained at:** http://dhhs.ne.gov/Pages/reg_investi.aspx or by phone **402-471-0175.**

→ **You must submit the following:**

Conviction Information: If you have **EVER** have ever received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. If you have convictions, you must submit:

- A copy of the court record for each conviction;
- Your explanation of the events leading to each of the convictions (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

NOTE: To assist the Board and Department in review of any drug and/or alcohol conviction(s), if you had an alcohol and drug evaluation and/or completed treatment, the treatment provider must submit all evaluations/discharge summaries directly to the Department.

The following provides SOME examples of convictions; this is NOT a complete list	
<ul style="list-style-type: none"> MIP/ Tobacco Use by Minor DUI / DWI Controlled Substance Open Container Shoplifting / Theft / Burglary Unauthorized use of a Financial Transaction Disturbing the Peace Assault / Prostitution Disorderly Conduct / Disorderly House Reckless Driving 	<ul style="list-style-type: none"> Driving under Suspension / Revocation License Vehicle without Liability Insurance Fail to Appear in Court False Information or Reporting Leave the Scene of an Accident Operator not Carrying License Unlawful Display of Plates/Renewal tabs Park Rule Violation / Curfew Violation Dog at Large / Fail to Vaccinate Animal Littering / Fireworks / Bad Check

LICENSURE INFORMATION: The following questions relate to a credential that you currently **hold or have held** to provide health related services in a state/jurisdiction **other** than Nebraska.

2	Do you hold or have you held an active or inactive credential in any other state(s) or jurisdiction? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what state(s) are/were you credentialed in?	What type of credential(s) do you hold or have you held?	
	If YES, has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of State Taking Action
3	Have you ever been denied the right to take a license examination? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain below.		

NOTE:

If your license has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.

→ **You must submit the following:**

- Other Licensing Information:** If you currently hold or have held a credential to provide health related services in a state/jurisdiction **other than Nebraska**, you must submit verification of the license(s) even if that license is no longer current.
- Disciplinary Action:** If you have had any disciplinary action(s) taken against your credential, you must submit a copy of the disciplinary action(s), including charges and findings.

SECTION F: PRACTICE PRIOR TO LICENSURE					
If you practice prior to issuance of your license or represent yourself as a social worker, certified marriage and family therapist, or certified professional counselor, you are subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000 and/or other action as provided in the statutes and regulations governing mental health practice.					
1	<p><u>Mental Health Practitioner:</u></p> <p><input type="checkbox"/> No. I have NOT practiced mental health in Nebraska without a credential before submitting this application?</p> <p><input type="checkbox"/> Yes. I have practiced mental health in Nebraska without a credential before submitting the application?</p>				
2	<p><u>Social Work, Marriage and Family Therapy, Professional Counseling:</u></p> <p><input type="checkbox"/> No. I have NOT used the title Social Worker, Certified Marriage and Family Therapist or Certified Professional Counselor in Nebraska without a credential before submitting this application?</p> <p><input type="checkbox"/> Yes. I have used the title Social Worker, Certified Marriage and Family Therapist or Certified Professional Counselor in Nebraska without a credential before submitting this application?</p>				
3	<p>If yes to either question above, what are the actual number of days you practiced mental health or used the title SW, CMFT or CPC in Nebraska without a credential and what is the business name, location and telephone number of the practice:</p> <table border="1" style="width: 100%;"> <tr> <td>Number of days:</td> </tr> <tr> <td>Name of Business:</td> </tr> <tr> <td>City:</td> </tr> <tr> <td>Telephone #:</td> </tr> </table>	Number of days:	Name of Business:	City:	Telephone #:
Number of days:					
Name of Business:					
City:					
Telephone #:					

SECTION G: ATTESTATION

For the purpose of meeting Neb. Rev. Stat. §4-108 through §4-114 and §38-129, **I attest that:**

(check only **ONE** of the boxes below)

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.

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.

I further attest that:

1. I have read the application or have had the application read to me; and
2. I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

MASTERS/DOCTORATE PRACTICUM OR INTERNSHIP VERIFICATION

NOTE: IF you have already submitted this form with your PLMHP, you are not required to resubmit.

This practicum or internship must have been completed as part of your degree program
(Work experience gained after the degree was issued, is not acceptable towards the practicum/internship)

SUPERVISOR INFORMATION:

Name of Supervisor: _____ Credential #: _____

Name of Applicant: _____

The practicum/internship was completed at: _____ (name of business),
in _____ (city) _____ (state).

The applicant completed the following hours:

Total Clock Hours of Direct Client Contact: _____

Total Clock Hours of Face-to-Face Client Contact in a work setting: _____

(NOTE: During a practicum direct client contact is contact between the practicum student and a client system, including collateral contacts, while providing mental health services. Supervisory sessions involving only the practicum student and supervisor will not be considered as direct client contact.)

Check this box if the applicant is also applying for a marriage and family therapy certification:

Marriage and Family Therapy: If the applicant is also applying for certification as a Marriage and Family Therapist, the above named applicant has at least 300 clock hours of supervised direct client contact with individuals, couples and families. Of these 300 hours, no more than 150 hours were with individuals.

ATTESTATION: I state that I am the person completing this form and the statements are true and complete.

I further verify that the applicant has completed a **practicum/internship as part of his/her Masters Degree Program**, including the clock hours listed above, providing mental health services under supervision.

Date

(Print/Type) Name of Supervisor or Internship Director

SIGNATURE OF SUPERVISOR or INTERNSHIP DIRECTOR

SECTION F: MENTAL HEALTH PRACTICE COURSEWORK

IF YOU HOLD OR HAVE HELD A PLMHP IN NEBRASKA, YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION.

OR

IF YOUR PROGRAM IS ACCREDITED BY ONE OF THE FOLLOWING, YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION.

- Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
- Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Council on Social work Education (CSWE)
- Council on Rehabilitation Education (CORE)
- The American Psychological Association (APA) for a doctoral degree program enrolled in by a person who has a master's degree or its equivalent in psychology

**NON-ACCREDITED PROGRAMS
MHP COURSEWORK REVIEW**

If you received a masters' or doctorate degree from a program other than those holding one of the accreditation listed above; your degree must be from an institution of higher education approved by for the Council for Higher Education Accreditation (CHEA) or its successor and you must meet the coursework listed below.

A syllabus must be attached for each course listed below from the time you completed the course.
(LIST the name of the course, the course number and the name of the institution where the course was completed).

A. PRACTICUM OR INTERNSHIP (must be part of your degree)

Course Definition: *(If completed after September 1, 1995, the practicum or internship must include a minimum of 300 clock hours of direct client contact of which 150 clock hours must be face-to-face in a work setting under the supervision of a qualified supervisor – Any artificial situation where a person presents a problem, such as role playing, is not acceptable)*

Your supervisor or internship director must submit Page 6 of this application to verify completion of the practicum and/or internship requirement.

Name of Course	Course Number	College/University

If your practicum was completed prior to September 1, 1995, there is no hour requirement and Page 6 of this application is not required to be completed or submitted; however, you must still list the practicum/internship above.

1. THEORIES AND TECHNIQUES OF HUMAN BEHAVIOR INTERVENTION (6 semester hours or 9-quarter hours)

Course Definition: Courses that cover therapeutic techniques and strategies for human behavioral intervention. This includes major contributions of the biological, behavioral, cognitive, and social sciences relevant to understanding assessment and treatment of the person and his/her environment with emphases on the social systems framework, personality theories and individual development through the life cycle, and their application.

Name of Course(s)	Course Number	College/University

2. PROFESSIONAL ETHICS AND ORIENTATION: (3 semester hours or 4.5-quarter hours)

Course Definition: The application of ethical and legal issues to the practice. Examples are: family law, codes of ethics, boundaries, peer review, record keeping, confidentiality, informed consent, and duty to warn.

Name of Course(s)	Course Number	College/University

3. ASSESSMENT TECHNIQUES REQUIRED FOR MENTAL HEALTH PRACTICE: (3 semester hours or 4.5-quarter hrs)

Course Definition: Includes the process of collecting pertinent data about client or client systems and their environment and appraising the data as a basis for making decisions regarding treatment and/or referral. Examples are ability to make a clinical diagnostic impression, knowledge of psychopathology, and assessment of substance abuse and other addictions.

Name of Course(s)	Course Number	College/University

4. HUMAN GROWTH AND DEVELOPMENT: (3 semester hours or 4.5-quarter hours)

Course Definition: The intergration of the psychological, sociological and biological approaches within the life cycle. Examples are awareness of culture, gender, or human sexuality at developmental levels, human behavior (normal and abnormal), personality theory, and learning theory.

Name of Course(s)	Course Number	College/University

5. RESEARCH AND EVALUATION: (3 semester hours or 4.5-quarter hours)

Course Definition: Includes such areas as statistics or research design and development of research and demonstration proposals.

Name of Course(s)	Course Number	College/University

Undergraduate Courses

Undergraduate courses can only be considered if the Graduate program accepted an undergraduate course(s) as meeting the above graduate course criteria. The school must submit a notarized letter, on institutional letterhead, from an authorized person, i.e., the Department Chair of the program, stating the undergraduate course(s) was accepted to meet the educational requirement(s) of the masters' degree.

For Office Use Only Date reviewed: _____ by: _____

SECTION E: MARRIAGE AND FAMILY THERAPY COURSEWORK

COMPLETE THIS COURSEWORK INFORMATION IF YOU ARE REQUESTING CERTIFICATION AS A MARRIAGE AND FAMILY THERAPIST

COAMFTE: IF YOU GRADUATED FROM A MARRIAGE AND FAMILY THERAPY PROGRAM THAT WAS ACCREDITED BY COAMFTE OR IF YOU HAVE PREVIOUSLY SUBMITTED THIS COURSEWORK PAGE YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION.

NON-COAMFTE ACCREDITED PROGRAMS

[MFT COURSEWORK REVIEW](#)

If you received a masters' or doctorate degree from a program that is NOT COAMFTE accredited; your degree must be from an institution of higher education approved by for the Council for Higher Education Accreditation (CHEA) or its successor and you must meet coursework listed below.

A syllabus must be attached for each course listed below from the time you completed the course.
(LIST the name of the course, the course number and the name of the institution where the course was completed).

A. PRACTICUM (minimum 6 semester hours or 9 quarter hours)

Must include **300 hours of supervised direct client contact** with individuals, couples and families, and of this 300 hours, **no more than 150 hours may be with individuals)**

Course Name	Course #	College/University

1. MARRIAGE AND FAMILY STUDIES (9 semester or 13.5 quarter or a combination of these hours)

Course Definition: Courses in this area should be a fundamental introduction to systems theory. The student should learn to understand family structures and functioning within the social systems framework (including environmental context) and regarding diverse range of presenting issues (i.e. gender, cultural, substance abuse). Topic areas may include: systems theory, family development, family subsystems, blended families, gender issues in families, cultural issues in families, etc.

This area must have a major focus from systems theory orientation and encompass the social systems orientation. Survey or overview courses in which systems is one of several theories covered is not appropriate. Courses in which systems theory is the overarching framework and other theories are studied in relations to systems theory are appropriate.

Course Name	Course #	College/University

2. MARRIAGE AND FAMILY THERAPY (9 semester or 13.5 quarter or a combination of these hours) Course Definition:

Courses in this area should have a major focus on family systems theory and systemic therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change, the applied practices evolving from each theoretical orientation, including diagnosis/assessment of individuals, couples and families. Major theoretical approaches might include: strategic, structural, object relations, cognitive behavioral, intergenerational, and integrative models of therapy with individuals, couples, and families.

Course Name	Course #	College/University

3. HUMAN DEVELOPMENT (9 semester or 13.5 quarter or a combination of these hours)

Course Definition: Courses in this area should provide knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant course work in human development across the life span, which includes special issues that affect an individual's development (i.e. culture, gender, and human sexuality). Topic areas may include human development, child/adolescent development, psychopathology, personality theory, human sexuality, etc. This material should be integrated with systems concepts. Test and measurement courses are not accepted toward this area.

Course Name	Course #	College/University

4. PROFESSIONAL STUDIES (3 semester or 4.5 quarter or a combination of these hours)

Course Definition: Courses in this area are intended to contribute to the professional development of the therapist. Areas of study should include the therapist's legal responsibilities and liabilities, professional ethics relevant to marriage and family issues, professional values and socialization, and the role of the professional organization, licensure or certification legislation, independent practice and interpersonal cooperation. Religious ethics courses and moral theology courses are not accepted toward this area.

Course Name	Course #	College/University

5. RESEARCH (3 semester or 4.5 quarter or a combination of these hours)

Course Definition: Courses in this area should assist students in understanding and performing research. Topic areas may include research methodology, quantitative methods and statistics. Individual personality and test and measurement courses are not accepted toward this area.

Course Name	Course #	College/University

For Office Use Only

Date reviewed: _____ by: _____

SECTION F - PROFESSIONAL COUNSELOR COURSEWORK

COMPLETE THIS COURSEWORK INFORMATION IF YOU ARE REQUESTING CERTIFICATION AS A PROFESSIONAL COUNSELOR

CACREP: IF YOUR PROGRAM IS ACCREDITED BY CACREP, OR IF YOU HAVE PREVIOUSLY SUBMITTED THIS COURSEWORK PAGE YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION.

**NON-CACREP ACCREDITED PROGRAMS
COURSEWORK REVIEW**

If you received a masters' or doctorate degree from a program that is NOT CACREP accredited; your degree must be from an institution of higher education approved by for the Council for Higher Education Accreditation (CHEA) or its successor and you must meet coursework listed below.

A syllabus must be attached for each course listed below from the time you completed the course.
(LIST the name of the course, the course number and the name of the institution where the course was completed).

A. COUNSELING THEORY (3 semester hours)

Course Definition: Includes a study of basic theories principles and techniques of counseling and their application to professional counseling settings.

Course Name	Course #	College/University

B. SUPERVISED COUNSELING PRACTICUM

Course Definition: Refers to supervised counseling experience in a work/community based setting of at least one semester in duration for a minimum of 3 hours academic credit as part of a master's program component

Course Name	Course #	College/University

**YOU MUST PROVIDE EVIDENCE OF AT LEAST 3 SEMESTER HOURS
IN 5 OF THE FOLLOWING 8 AREAS:**

1. HUMAN GROWTH AND DEVELOPMENT

Course Definition: Includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels. Emphasis is placed on bio psychosocial approaches. Also included are such areas as human behavior (normal and abnormal), personality theory and learning theory

Course Name	Course #	College/University

2. SOCIAL AND CULTURAL FOUNDATIONS

Course Definition: Includes studies of change, ethnic groups, subcultures, changing roles of women, sexism, urban and rural societies, population patterns cultural mores, use of leisure time and differing life patterns. Such disciplines as the behavioral sciences, economics and political science are involved.

Course Name	Course #	College/University

3. HELPING RELATIONSHIP

Course Definition: Includes philosophic bases of the helping relationship; consultation theory, practice, and application; and an emphasis on development of counselor and client (or consultee) self-awareness.

Course Name	Course #	College/University

4. GROUP DYNAMICS, PROCESSING AND COUNSELING

Course Definition: Includes theory and types of groups, as well as descriptions of group practices, methods, dynamics, and facilitative skills. This also includes supervised practice.

Course Name	Course #	College/University

5. LIFESTYLE AND CAREER DEVELOPMENT

Course Definition: Includes such areas as vocational choice theory, relationship between career choice and lifestyle, sources of occupational and educational information, approaches to career decision-making processes and career exploration techniques.

Course Name	Course #	College/University

6. APPRAISAL OF INDIVIDUALS

Course Definition: Includes the development of framework for understanding the individual including methods of data gathering and interpretation, individual and group testing, case study approaches, and the study of individual differences. Ethnic, cultural and sex factors are also considered.

Course Name	Course #	College/University

7. RESEARCH AND EVALUATION

Course Definition: Includes such areas as statistics, research design and development of research and demonstration proposals. It includes understanding legislation relating to the development of research, program development and demonstration proposals, as well as the development and evaluation of program objectives

Course Name	Course #	College/University

8. PROFESSIONAL ORIENTATION

Course Definition: Includes goals and objectives of professional organizations, codes of ethics legal considerations, standards of preparation, certification, licensing, and role identity of counselors and of other personal services specialists.

Course Name	Course #	College/University

For Office Use Only
Date reviewed: _____ by: _____

Licensure Unit

P. O. Box 94986 - LINCOLN, NE 68509-4986

(402) 471-4905

Email: cindy.L.kelley@nebraska.gov

**Supervisors must complete this attachment
FOR MHP LICENSURE
POST-MASTER'S SUPERVISED EXPERIENCE VERIFICATION**

IMPORTANT INSTRUCTIONS: Each supervisor **MUST** sign and date this form to attest to the experience earned. **These hours MUST be earned after receipt of an approved masters degree.**

WHITE OUT IS NOT ACCEPTABLE: Changes to information entered onto this form are not acceptable unless the supervisor initials the changed information.

PART I - SUPERVISOR INFORMATION:

Name of Supervisor: _____ License #: _____

Name of Applicant: _____

Supervisor place a checkmark in the box by the license(s) you hold:

<input type="checkbox"/> licensed mental health practitioner (LMHP)	<input type="checkbox"/> licensed independent mental health practitioner (LIMHP)
<input type="checkbox"/> licensed psychologist	<input type="checkbox"/> qualified physician

PART II - MENTAL HEALTH PRACTICE EXPERIENCE: **MHP Activities include:** treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, Or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations.

SUPERVISORS: List only hours that you personally supervised the applicant providing mental health services
NOTE: direct and non-direct hours are reported separately:

1. _____ Number of direct (face-to-face) client contact (clock) hours
2. _____ Number of **non-direct** clock hours
3. _____ Total number of clock hours of mental health activities performed under my supervision.
4. List the dates the above hours of supervised mental health practice **was completed (provide FULL dates):**
 from _____ through _____
 (month/day/year) (month/day/year)

Supervisor's Signature and Attestation

I state that I am the person completing this form and the statements on this form are true and complete
AND
I have met with the applicant face-to-face for at least 1 hour per week, for hours reported above.

(Print/type) SUPERVISOR Name and Title

Signature

AGENCY/INSTITUTION

STREET ADDRESS

Date Signed : _____

Telephone Number: _____

CITY STATE ZIP

Licensure Unit

P. O. Box 94986 - LINCOLN, NE 68509-4986

(402) 471-4905

Email: cindy.L.kelley@nebraska.gov

Supervisors must complete this attachment FOR MARRIAGE AND FAMILY THERAPY POST-MASTER'S SUPERVISED EXPERIENCE

IMPORTANT INSTRUCTIONS: Each supervisor MUST sign and date this form to attest to experience earned. **These hours MUST be earned after receipt of an approved masters' degree and during the 5-years immediately prior to this application.**

WHITE OUT IS NOT ACCEPTABLE:

Changes to information entered onto this form are not acceptable unless the supervisor initials the changed information.

PART I

Name of Supervisor: _____ License #: _____

Name of Applicant: _____

Supervisor place a checkmark in the box by the license(s) you hold:

Licensed Mental Health Practitioner

Psychologist

Marriage and Family Therapist who has practiced for 5 years and has completed a five-hour supervision course that may be provided by an association which establishes standards for marriage and family therapy in conformity with accepted industry standards.

SUPERVISORS: List only the hours that you personally supervised the applicant - note direct and non-direct hours are reported separately:

1. _____ Number of direct (face-to-face) client contact (clock) hours

2. _____ Number of **non-direct** clock hours

3. _____ Total number of clock hours of marriage and family therapy performed under my supervision.

4. List the dates the above hours of supervised marriage and family therapy **was completed (provide FULL dates)** under supervision within 5-years of this application. Dates from _____ through _____
(month/day/year) (month/day/year)

Supervisor's Signature

I state that I am the person completing this form and the statements on this form are true and complete

AND

I have met with the applicant face-to-face for a at least 1 hour per week or 2 hours every 2-weeks, for the hours reported above

AND

had at least 100 hours supervisor-supervisee contact hours.

(Print/type) SUPERVISOR Name and Title

Date Signed : _____

Signature

AGENCY/INSTITUTION

STREET ADDRESS

CITY STATE ZIP

Licensure Unit

P. O. Box 94986 - LINCOLN, NE 68509-4986
(402) 471-4905
Email: cindy.L.kelley@nebraska.gov

**Supervisors must complete this attachment
FOR MASTER SOCIAL WORKER
POST-MASTER'S SUPERVISED EXPERIENCE**

IMPORTANT INSTRUCTIONS: Each supervisor **MUST** sign and date this form to attest to the experience earned. **These hours MUST be earned after receipt of an approved master's degree and under the supervision of a Certified Master Social Worker.**

WHITE OUT IS NOT ACCEPTABLE:

Changes to information entered onto this form are not acceptable unless the supervisor initials the changed information.

PART I - SUPERVISOR INFORMATION:

Name of Supervisor: _____ CMSW #: _____

Name of Applicant: _____

If hours are earned in another state, identify the credential you hold:	Name of Credential: _____
	License/Certificate No: _____

PART II – MASTER SOCIAL WORK EXPERIENCE:

SUPERVISORS: List only the hours that you personally supervised

1. Total number of hours of social work activities under my supervision: _____
(total hours)

2. Dates the above hours were completed under my supervision (**provide FULL dates**): from _____ to _____
(month/day/year) (month/day/year)

MSW Activities include:

1. Information, resource identification and development, and referral services
2. Preparation & evaluation of psychosocial assessments & development of social work service plans
3. Case management, coordination, and monitoring of social work service plans in the areas of personal, social, or economic resources, conditions, or problems
4. Development, implementation, and evaluation of social work programs and policies
5. Supportive contacts to assist individuals and groups with personal adjustment to crisis, transition, economic change, or a personal or family member's health condition
6. Social casework for and prevention of psychosocial dysfunction, disability, or impairment
7. Social work research, consultation, and education

Supervisor's Signature

I state that I am the person completing this form and the statements on this form are true and complete
AND
I have supervised the hours reported above.

_____ Date Signed : _____
(Print/type) SUPERVISOR Name and Title

Signature

AGENCY/INSTITUTION

STREET ADDRESS

CITY STATE ZIP