NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Application Information
Provisional Alcohol and Drug Counselor

12/2016

PLADC: A license as a provisional alcohol and drug counselor **is required** to earn the required paid work experience hours to obtain an LADC. An Alcohol and Drug provides general counseling theories and treatment methods for the purpose of treating any alcohol or drug abuse, dependence, or disorder.

For more information relating to the license requirements, visit our website at:
http://dhhs.ne.gov/publichealth/Pages/crlADCHome.aspx

Checklist of Required Documents:
Use the following checklist to help organize your application; **you must submit:**

1. ☐ **Citizenship/Lawful Presence** and you must be at least 19 years of age:

If you ARE a U.S. Citizen, 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);
____ American Indian Card (I-872); the I-872 card is only issued to members of the Texas Band of Kickapoos;
____ Certificate of Naturalization (N-550 or N-570);
____ Certificate of Citizenship (N-560 or N-561);
____ Certification of Report of Birth (DS-1350);
____ Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
____ Certification of Birth Abroad (FS-545 or DS-1350);
____ United States Citizen Identification Card (I-197 or I-179); or
____ Northern Mariana Card (I-873).

If you ARE NOT a U.S. Citizen a photocopy of one of the following:
____ Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
____ 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; or 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.

2. ☐ **Education**:

☐ HS/GED: Your high school diploma/transcript or GED certificate. (If you submit an official transcript showing **completion of a post-secondary degree, you DO NOT need to submit your high school diploma/GED).**

☐ 270 hours of Education: An official school/college/university transcript or training verification. Your transcript or training verification may be submitted with the application in a sealed envelope or sent directly by the school/training program via paper or electronically **to** Carrie Nielsen: **carrie.nielsen@nebraska.gov**.

3. ☐ **Coursework:**
Course descriptions for each course you list on pages 3-5 of the application; if you completed a college course, a syllabus is preferred and must be from the time you completed each course.

We encourage you to check our website to see if your training and/or coursework is on the approved list.
http://dhhs.ne.gov/publichealth/Licensure/Documents/ADCPreapprovedEduc.pdf If yes, then you do not need to send course descriptions for those courses listed as approved.

PLADC Application Information – Continued

4. ☐ **Practical Training**:
   Your **Practical Training Supervisor** **must sign** the 'Verification of Supervised Practical Training" form (last page of application). This form verifies that you have completed at least 300 hours of supervised practical training in the 12 core functions with a minimum of 10 performance hours in each core functions.

5. ☐ **Conviction Information:** If you have **EVER** had a misdemeanor or felony conviction, you must submit:
   (a) A copy of the court record;
   (b) Your 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 conviction;
   (c) If the conviction involved a drug and/or alcohol related offense and drug/alcohol treatment was obtained or required, all evaluations/discharge summaries; and
   (d) If you are currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

   Applicants are required to list ALL misdemeanor and felony convictions (regardless of when they occurred); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions are processed through traffic or criminal court, so when you check with the county/district/federal court, you should ask for both traffic and criminal court misdemeanors and felony convictions.

   The following provides SOME examples of convictions; this is NOT an all-inclusive list:

• MIP	• Driving under Suspension / Revocation
• DUI / DWI	• License Vehicle without Liability Insurance
• Controlled Substance	• Fail to Appear in Court
• Open Container	• False Information or Reporting
• Tobacco Use by Minor	• Leave the Scene of an Accident
• Shoplifting / Theft / Burglary	• Operator not Carrying License
• Unauthorized use of a Financial Transaction	• Unlawful Display of Plates/Renewal tabs
• Disturbing the Peace	• Park Rule Violation / Curfew Violation
• Assault	• Dog at Large / Fail to Vaccinate Animal
• Disorderly Conduct / Disorderly House	• Littering / Fireworks
• Reckless Driving	• Bad Check

6. ☐ **Other Licensing Information:** If you hold or have held a license 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 license, you must submit a copy of the disciplinary action(s), including charges and findings.

7. ☐ **License Fee**: The required fee of $275. **Pay by check or money order (your cancelled check is your proof of receipt). We are unable to accept electronic payments**. Make payable to: Licensure Unit.

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

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 within approximately 10 days 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.

Licensure Contact Information: Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, NE 68509-4986
Telephone: 402-471-4970 / FAX: 402-742-1106 / E-Mail carrie.nielsen@nebraska.gov

12/2016

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DEPT. OF HEALTH AND HUMAN SERVICES

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

Application for a Provisional Licensed Alcohol and Drug Counselor (PLADC)

FEE: $275
Payable to: Licensure Unit

NOTE: Licenses expire 6 years from date of issuance

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

You must complete all sections of this application

SECTION A – PERSONAL INFORMATION

1	You must provide your **Legal Name** below			
	First:	Middle:	Maiden Name:	Last Name:
	List any other names you have used on documents (AKA:			
2	Mailing Address:	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth (Month/Day/Year):		Place of Birth (City/State or COUNTRY):	
4	Phone #: (optional)		Additional Phone #: (optional)	
5	E-Mail Address: (Preferred method of correspondence, but optional)			
6	Check the correct box(s) and provide your number #:	☐ Social Security Number (SSN):		
		☐ Alien Registration Number ("A#"):		

Neb. Rev. Stat. 38-123 mandates the 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 Department of Revenue, the Department of Labor and for other Administrative purposes.

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Telephone: 402-471-4970 / FAX: 402-742-1106 / E-Mail carrie.nielsen@nebraska.gov

SECTION B – CONVICTION AND LICENSE 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 and felony convictions (regardless of when they occurred); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions are processed through traffic or criminal court, so when you check with the county/district/federal court, you should ask for both traffic and criminal court misdemeanors and felony convictions.

1	Have you **EVER** been convicted of a misdemeanor or felony? Yes ☐ No ☐	If YES, Type of Crime	Date of Action	Name of Court Taking Action

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_invest-p.aspx or by phone **402-471-0175**.

LICENSE 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?	If yes, what state(s) are/were you licensed in?	What type of credential(s) do you hold or have you held?	
	Yes ☐ No ☐			
	If YES, has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of License Action	Date of Action	Name of State Taking Action
	Yes ☐ No ☐			
3	Have you ever been denied the right to take a license examination?	If yes, please explain below.		
	Yes ☐ No ☐			

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.

SECTION C – EDUCATION

You must submit a copy of your high school diploma/transcript, GED certificate OR post-secondary degree transcript. (If you submit an official transcript showing completion of a post-secondary degree, you DO NOT need to submit your high school diploma/GED).

Check highest level completed:

☐	High School Diploma	☐	College Degree – Associate	☐	College Degree – Master
☐	GED: General Education Doc	☐	College Degree – Bachelor	☐	College Degree – Doctorate

HIGH SCHOOL/GED:

Name of High School/GED	
Date of Issued	Month/day/year

POST-SECONDARY DEGREE:

Name of University/College	
Date of Degree	Month/day/year

SECTION D - COURSEWORK

☐ **Check this box if you currently hold a LMHP or PLMHP**

If you currently hold a License as a Mental Health Practitioner (LMHP) or a Provisional License as a Mental Health Practitioner (PLMHP), you do not need to list coursework for areas 1, 2, 3, 4 and 6 below.

My LMHP or PLMHP license # is: _____.

You must list at least 270 clock hours of education (workshops, seminars, institutes, college/university coursework) in 8 course areas with a minimum number of instructional hours in each as identified below. List the education you are submitting for each area.
To verify completion of the education, you must submit an official transcript or certificate of completion and a course description/sylibus (for the time you attended the education) for each course listed below.

Coursework

1 **Counseling Theories and Techniques**
(45 clock hours or 3 semester hours of academic credit)
Description: This includes the study and practice of theories, principles, and techniques of counseling. A minimum of 4 accepted counseling techniques must be studied such as active listening, reflective feedback, summarizing, self-disclosing, displaying empathy, confronting, establishing rapport, and communicating at the client's comprehension level. A minimum of 4 accepted counseling theories must be studied such as Adlerian, cognitive behavioral, client-centered, Gestalt, rational emotive, reality, and transactional analysis.

Course Number and Title	Dates Attended	Training Entity	Hours Earned

2

Group Counseling

(45 clock hours or 3 semester hours of academic credit)

Description: This includes the study and practice of group theories, processes, dynamics, techniques, methods, and group counseling and facilitation.

Course Number and Title	Dates Attended	Training Entity	Hours Earned

3

Human Growth and Development

(30 clock hours or 2 semester hours of academic credit)

Description: This includes the study of the nature and needs of individuals at all developmental levels from birth to death.

Course Number and Title	Dates Attended	Training Entity	Hours Earned

4

Professional Ethics and Issues

(15 clock hours or 1 semester hour of academic credit)

Description: This includes standards of conduct and professional behavior expectations for counselors. Ethical standards to be studied may include non-discrimination, responsibilities and integrity, competence, moral standards, client welfare, legal issues, client relationships, inter-professional relationships, remuneration and societal obligations.

Course Number and Title	Dates Attended	Training Entity	Hours Earned

5

Alcohol/Drug Assessment, Case Planning and Management

(30 clock hours or 2 semester hours of academic credit)

Description: This includes the process of collecting client data for making decisions regarding alcohol/drug disorder diagnosis, level of care placement, and treatment and referral. Two or more alcohol/drug assessment instruments must be studied. There must be study and practice of record keeping addressing the development of alcohol/drug assessment summaries, treatment plans, progress notes, discharge plans and clinical case reviews including case management activities to bring together services, agencies, and resources to achieve client treatment goals while adhering to confidentiality as it relates to these areas

Course Number and Title	Dates Attended	Training Entity	Hours Earned

6

Multicultural Counseling

(30 clock hours or 2 semester hours of academic credit)

Description: This includes cultural, social, lifestyle, spiritual, and economic factors relevant to the provision of competent and relevant counseling to varied populations. The education must include the adaptation of traditional counseling theories and techniques.

Course Number and Title	Dates Attended	Training Entity	Hours Earned

7	**Medical and Psychosocial Aspects of Alcohol/Drug Use, Abuse, and Addiction** **(45 clock hours or 3 semester hours of academic credit)** **Description:** This includes physiological, psychological, and sociological aspects of alcohol/drug use, abuse, and dependence. The education must include studying the processes of dependence, addiction, and withdrawal covering signs, symptoms, and behavior patterns. It also must include the study of drug types and pharmacology.			
	Course Number and Title	Dates Attended	Training Entity	Hours Earned

8	**Clinical Treatment Issues in Chemical Dependency** **(30 clock hours or 2 semester hours of academic credit)** **Description:** This includes the study of treatment issues specific to chemical dependency such as denial, resistance, minimization, family dynamics, relapse, cross-addiction, co-occurring disorders, spirituality, and influences of self-help groups. The education must include studying chemical dependency clinical treatment needs of individuals taking into consideration gender, culture, and lifestyle.			
	Course Number and Title	Dates Attended	Training Entity	Hours Earned

This BOX FOR Department Use Only:
Coursework Review

_____ _____
(staff Initials) (date)

SECTION E – SUPERVISED PRACTICAL TRAINING

If the supervised practical training occurred under more than one supervisor, list all. **Training must be documented on the "Verification of Supervised Practical Training" form (Attachment A1).**

1	Supervisor's Name:	First:	Middle:	Last:
	License #:		Business Telephone #: OPTIONAL	
Dates of Training:		From (Month/Year)		To (Month/Year)
2	Supervisor's Name:	First:	Middle:	Last:
	License #:		Business Telephone #: OPTIONAL	
Dates of Training:		From (Month/Year)		To (Month/Year)

SECTION F - PRACTICE PRIOR TO LICENSE

An individual who practices prior to issuance of a license is 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 Alcohol and Drug Counseling.

1	☐ **No.** I **have NOT** practiced Alcohol and Drug Counseling in Nebraska without out a license before submitting the application? ☐ **Yes**. I **have** practiced Alcohol and Drug Counseling in Nebraska without a license before submitting the application?	
2	If yes, what are the actual number of days you practiced in Nebraska without a license and what is the business name, location and telephone number of the practice:	Number of days:
		Name of Business:
		City:
		Telephone #:

SECTION G – ATTESTATION

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.
☐ 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.

Application Attestation: I attest that:

1. I have read the application or have had the application read to me;
2. All statements on this application are true and complete, and
3. I have read and agrees to be bound by the Code of Ethics for alcohol and drug counselor licensure as set out in 172 NAC 15-016 and the Grounds for Discipline for alcohol and drug counselor licensure pursuant to 172 NAC 15-015.03. http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-015.pdf

Print Name: _____

Signature: _____ Date: _____

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ALCOHOL AND DRUG COUNSELOR VERIFICATION OF SUPERVISED PRACTICAL TRAINING

This form must be completed by each supervisor at the conclusion of the supervised hours.

Part I: SUPERVISOR INFORMATION

Name of Applicant that you supervised: _____

Name of Supervisor: _____ License #: _____

Place a checkmark in the box by your credentials:

☐ Licensed Alcohol and Drug Counselor
☐ Licensed Physician
☐ Licensed Psychologist

Part II: ALCOHOL AND DRUG COUNSELING SUPERVISED PRACTICE TRAINING:

Changes to information entered onto this form invalidates the form unless the supervisor initials their name beside the changed information.

REQUIREMENT: The applicant must have completed at least 300 hours of supervised practical training in the 12 core functions with a minimum of 10 performance hours in each core functions.

SUPERVISORS: List only the total number of hours that you personally supervised the applicant in each performance area.

Core Function	Hours	Core Function	Hours
Screening		Case Management	
Intake		Crisis Intervention	
Orientation		Client Education	
Assessment		Referral	
Treatment Planning		Reports & Recordkeeping	
Counseling		Consultation	

TOTAL PRACTICAL TRAINING HOURS COMPLETED UNDER MY SUPERIVISION: _____

Dates that you supervised the practical training **(provide FULL dates)**: from _____ (mm/dd/yy) to _____ (mm/dd/yy)

Supervisor's Attestation and Signature: I state that I am the person completing this form and the statements on this form are true and complete. Further, I state that:

1. The applicant has completed the Supervised Practical Training performance hours listed on the log.
2. I provided a minimum of 1 hour of face-to-face supervision for each 10 hours of performance. Supervisory methods must include, as a minimum, individual supervisory sessions, formal case staffings, and conjoint/co-therapy sessions. Supervision is to be directed towards teaching the knowledge and skills of alcohol and drug counseling.
3. I am not be a family member.
4. **I was on-site at the work setting while all core function hours were performed**.

_____
(Print/type) SUPERVISOR Name and Title

Date Signed : _____

_____
Signature

Telephone Number: _____

_____
Agency

_____
Street Address

_____
City State Zip