



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health – Licensure Unit
 301 Centennial Mall South, P.O. Box 94986
 Lincoln, Nebraska 68509-4986
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Please Type or Print Clearly

PSYCHOLOGY APPLICATION BASED ON AT LEAST 20 YEARS OF LICENSURE AS A PSYCHOLOGIST IN THE UNITED STATES OR CANADA

It is your responsibility to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

To qualify, you must:

1. Hold a current license based on a doctoral degree in psychology;
2. Have at least 20 years of licensure to practice psychology in the United States or Canada;
3. Have had no disciplinary sanction during the entire period of licensure; and
4. Pass the Nebraska Board-developed jurisprudence examination with a minimum score of 80%.

SECTION A – PERSONAL INFORMATION						
NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.						
1	Legal Name	First:	Middle/MI:		Last:	
	Maiden Name	Name:		Other Names you are known as (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 #:		Fax #: (optional)		E-Mail Address:	
5	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);			SSN#	
		<input type="checkbox"/> Alien Registration Number (“A#”); or			A#	
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:			I-94 #	
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.						

FEE: Determine the month and year in which you are submitting your application by using the chart below.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$183	\$183	\$183	\$183	\$183	\$183	45.75	45.75	45.75	45.75	45.75	45.75
Odd Numbered Year	\$183	\$183	\$183	\$183	\$183	\$183	\$183	\$183	\$183	\$183	\$183	\$183

Make payable to: Licensure Unit

NOTE: Licenses expire 01/01 of odd years

SECTION B – LICENSE INFORMATION						
1	Psychology License Number:	#:	Date of Issuance:		(month/day/year)	
2	State or Canadian Providence of Licensure:	NOTE: Attachment D1 must be completed by the State or Canadian Providence in which you are licensed.				
3	Has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of Entity taking Action
4	Have you ever been denied the right to take an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

SECTION C – CONVICTION INFORMATION

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		If YES, Type of Crime	Date of Action	Name of Court Taking Action
Have you EVER been convicted of a misdemeanor or felony? 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_invest-p.aspx or by phone 402-471-0175.

SECTION D - EDUCATION: All applicants must REQUEST an Official Transcript of a Doctoral Degree in Psychology be sent directly from the institution to the Licensure Unit.				
1	Last Name on Transcript:	Name:		
2	Institution Name:			
3	Institution Address:	Street/PO/Route:		
		City:	State:	Zip:
4	Graduation Information:	Date (month/day/year):	Degree:	Major:

SECTION E - EMPLOYMENT:			
Employment Site:	Name:		
Address:	Street/PO/Route:		
	City:	State:	Zip:
Dates Employed:	From (month/day/year):	To (month/day/year):	
Telephone Number:	#:		
Employment Site:	Name:		
Address:	Street/PO/Route:		
	City:	State:	Zip:
Dates Employed:	From (month/day/year):	To (month/day/year):	
Telephone Number:	#:		
Employment Site:	Name:		
Address:	Street/PO/Route:		
	City:	State:	Zip:
Dates Employed:	From (month/day/year):	To (month/day/year):	
Telephone Number:	#:		

If additional space is needed, please attach an addendum.

SECTION F – PRACTICE PRIOR TO CREDENTIAL

An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, and/or such other action as provided in the statutes and regulations governing the credential.

1	I have practiced psychology in Nebraska before submitting the application?	<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:	<div data-bbox="815 296 1539 443"># of days: _____</div> <div data-bbox="815 443 1539 510">Name of Business: _____</div> <div data-bbox="815 510 1539 577">City: _____</div> <div data-bbox="815 577 1539 640">Telephone #: _____</div>

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; and
2. All statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____



NOTE: In order for your application to be considered complete, all applicants **MUST** also submit a copy of the following documents:

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:** You must have your school submit (directly to our office) an official school/college/university transcript;
3. **Conviction Information:** If you have been convicted of a felony or misdemeanor, you must submit:
- (1) A copy of the court record, which includes charges and disposition;
 - (2) Explanation from the applicant 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;
 - (3) 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
 - (4) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
4. **Other Credentialing Info:** If you hold/ have held a credential to provide health services, health-related services, or environmental services in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential (Attachment D1);
5. **Disciplinary Action:** If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;
6. **Fee:** The required fee (see chart on page 1 of this application); and
7. **Examination Application:** You must submit the required examination application (Attachment D2).

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.

NEBRASKA

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Application to Register for the State Board-Developed Examination in Psychology

(Print or Type)

SECTION A - PERSONAL INFORMATION

1. Name: (last/first/middle)	
2. Public Address:	(PO/Street)
	(city/state/zip)
3. Telephone (OPTIONAL):	

Please complete the following to register for the **State Board-Developed Examination in Psychology**

Examinations for the year **2017** will be administered on the dates indicated in the following chart.

Please check the date on you wish to be scheduled. Deadline for application submission is the first Monday of the month in which you wish to test. The examination will begin at 10:00 a.m. and each candidate will be scheduled individually for approximately 15 minutes. Please be advised that after receiving your completed application, **we will forward the examination and admission letter to you for completion, approximately 30-days prior to your selected testing date.** At the time of testing, please bring your examination answer sheet and admission letter.

January 27	March 17	May 19	July 21	September 15	November 17
<input type="checkbox"/>					

Do you have a disability that requires any accommodations for taking the examination? ____ yes ____ no.
If yes, an accommodation request form must be completed (this form is available from the Licensure Unit).

NOTE:

You must attach a recent frontal view (head & shoulders) photograph-measuring 2" X 3", for purposes of identification and admission to test.

 (Signature of Applicant)

 Date