

Provisional Psychology Application Information

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

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

1. Citizenship/Lawful Presence and Evidence of 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.

2. Transcript: You must have your school submit (**directly to our office**) an official school/college/university transcript (by mail or e-mail to carrie.nielson@nebraska.gov)

Doctoral Degree: If NOT APA Accredited: You must submit the 'Program Equivalency Criteria'; download at: <http://dhhs.ne.gov/publichealth/Licensure/Documents/APAProgramEquivCriteria.pdf>

Internship: If NOT APA Accredited: You must submit the 'Verification of Internship in Psychology' **directly from the supervisor/internship director along with the internship equivalent document**; download at: <http://dhhs.ne.gov/publichealth/Licensure/Documents/PsychInternEquivApp.pdf>

3. Other Licensing Information: If you current 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.

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

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 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 misdemeanors/felony convictions. **The following provides SOME examples of convictions; this is NOT an all-inclusive list:**

<ul style="list-style-type: none"> • MIP • DUI / DWI • Controlled Substance • Open Container • Tobacco Use by Minor • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault • 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
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5. Fee: \$50

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.

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

Additional Information

Licensure Requirements: To obtain a provisional license, an applicant must:

1. Have a doctoral degree from a program of graduate study in professional psychology that:
 - a. Is accredited by the American Psychological Association; OR
 - b. Meets the standards of accreditation adopted by the American Psychological Association by completing the Equivalency Document found at: <http://dhhs.ne.gov/publichealth/Licensure/Documents/APAProgramEquivCriteria.pdf>
2. Have completed a one year internship, which:
 - a. Is accredited by the American Psychological Association; OR
 - b. Meets the standards of accreditation adopted by the American Psychological Association as follows:
 - (a) Is at least 12 months in duration, consisting of at least 1,500 or more hours in not more than 24 months. School psychology internships may be 10 months in duration;
 - (b) The purpose of the internship is to train psychologists for the independent provision of direct psychology services;
 - (c) It is directed by a Licensed Psychologist;
 - (d) It is sequentially organized (progressively increases levels of responsibility and skills);
 - (e) Requires 4 hours of supervision per week, 2 of the 4 hours must be individual face-to-face with 2 or more supervising licensed psychologists on-site;
 - (f) Must include positions for 2 or more psychology interns;
 - (g) The transcript must show completion of practica prior to entering internship; and
 - (h) The psychology staff must include a minimum of 3 on-site supervising licensed psychologists; andInternship Equivalency Document found can be found at:
<http://dhhs.ne.gov/publichealth/Licensure/Documents/PsychInternEquivApp.pdf>
3. Is of good character and is at least 19 years old.
4. Is a citizen of the United States, an alien lawfully admitted into the United States or a nonimmigrant lawfully present in the United States.
5. Have arranged for supervision by a Psychologist (a special licensed psychologist cannot supervise).

Supervisor: The supervisor must:

1. Hold a current unrestricted Nebraska license as a psychologist;
2. Co-sign all clinical documentation; and
3. Meet with the provisional licensee at least one continuous hour per week on a regularly scheduled basis. Such meeting may include face-to-face consultation or interactive video, and must ensure confidentiality of the conversation. In the case of geographical or confirmed physical hardship, the Board may consider variance in the frequency of supervision sessions providing that a minimum of 4 hours per month of face-to-face supervision is maintained.

A **primary supervisor may supervise up to 4 individuals** holding either a provisional psychology license or a provisional mental health practitioner license.

Supervision: The supervisor and applicant must comply with the supervisory requirements specified in 172 NAC 155-002. Supervision is a professional relationship in which a licensed psychologist assumes full legal and professional responsibility for the work of the supervisee. The purpose of supervision is to provide training to assist the supervisee to achieve full licensure

Termination of Supervision: If a supervisor of a provisional licensee terminates supervision, s/he must immediately notify the Department in writing of the date of termination. The Department will record said termination date in the record.

Change of or Additional Supervisor(s): If a change in or additional supervisor(s) occurs, the provisional licensee must file an application with the Department which reflects the change in supervisor reflects. You can find this application at: http://dhhs.ne.gov/publichealth/Pages/crl_mhcs_psych_psych.aspx

Hours: A provisional licensee must complete 1,500 or more hours in total duration, including 1,000 or more hours of direct service hours earned in not more than 24 months.

Re-issue:

Re-issuance: The provisional license may be re-issued one time, upon approval by the Board and submission of a new application.

Examination: Once you have been issued a provisional license, you are eligible to register for the EPPP and board-developed examinations. To register for these examinations, obtain testing dates and other testing information, please review the materials found at: <http://dhhs.ne.gov/publichealth/Licensure/Documents/PsychExamInstructions.pdf>

APPLICATION PROVISIONAL PSYCHOLOGY LICENSE

FEE: \$50

(Make payable to: Licensure Unit)

NOTE: Provisional licenses expire 2 years from the date of issuance or upon receipt of a license to practice, whichever occurs first.**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 are or have been 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 #: (optional)		Additional Phone #: (optional)
5	E-Mail Address: (Preferred method of correspondence, but optional)		
6	Check the correct box(s) and provide your number:	<input type="checkbox"/> Social Security Number (SSN):	
	Providing your SSN is mandatory	<input type="checkbox"/> 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.			

SECTION B – SUPERVISOR'S PERSONAL INFORMATION			
SUPERVISOR MUST BE LOCATED IN NEBRASKA			
If the primary supervisor is a psychologist , s/he can only supervise up to a combined total of 4 provisional licensed mental health practitioners/provisional licensed psychologists.			
1	Supervisor's Name:	First:	Middle:
	Last:		
	License #:	Business Telephone #: OPTIONAL	
2	Supervisor's Name:	First:	Middle:
	Last:		
	License #:	Business Telephone #: OPTIONAL	

NOTE: YOUR TRANSCRIPT MUST be sent to the Department directly from the issuing institution.

SECTION C: DEGREE RECEIVED

You must have received (conferred) a doctoral degree from a program of graduate study in professional psychology from an institution of higher education. The degree must be obtained from a program of graduate study in psychology that meets the standards of accreditation adopted by the American Psychological Association. Any applicant from a doctoral program in psychology that does not meet such standards shall present a certificate of retraining from a program of respecialization that does meet such standards.

1	Last Name on Transcript:				
2	Business Address:	Institution Name:			
		Street/PO/Route:			
		City:	State:	Zip:	
3	Month/Day/Year of Graduation:				
4	Degree Earned		Major:		
5	Is the program of graduate study in psychology accredited by the American Psychological Association (APA)?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If not, name the accrediting body:				

*If the program is **NOT** accredited by APA, you must submit evidence that the program meets the standards of accreditation adopted by APA*
YOU MUST COMPLETE THE PROGRAM EQUIVALENCY CRITERIA FORM
<http://dhhs.ne.gov/publichealth/Documents/APAProgramEquivCriteria.pdf>

SECTION D: INTERNSHIP EXPERIENCE

If your internship was NOT APA accredited, you must also submit ATTACHMENT S-1 to verify this information.

An applicant is required to have completed a 1-year internship meeting the standards of accreditation adopted by the American Psychological Association

1	Name of Facility where Internship completed:				
	Name of the internship program:				
2	Address:	Street/PO/Route:			
		City:	State:	Zip:	
3	Dates of Internship:	From (m/d/y):		To (m/d/y):	
4	Name of Supervisor:	First:	Middle/MI:	Last:	
5	Credentials of Supervisor:	State/Jurisdiction Licensed:	Type of License:	License Number:	
6	Was the internship APA approved? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<p><i>If the internship is NOT accredited by APA, you must submit evidence that the internship meets the standards of accreditation adopted by APA – YOU MUST COMPLETE THE INTERNSHIP EQUIVALENCY FORM</i> http://dhhs.ne.gov/publichealth/Licensure/Documents/PsychInternEquivApp.pdf and complete and submit Attachment S-1</p>					
7	Below, provide a brief statement of the services you provided during your internship:				

SECTION E: 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 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?	Type of Crime	Date of Action	Name of Court / Entity 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_invest-p.aspx or by phone **402-471-0175**.

LICENSE INFORMATION: The following questions relate to a license/certificate/registration 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 (similar status) credential in any other state(s) or jurisdiction? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what state(s) are/were you licensed in?	What type of credential(s) do you hold or have you held?	
	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 License Action	Date of Action	Name of Entity 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 you have disciplinary charges pending or 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 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, or other action as provided in the statutes and regulations governing mental health practice.

1	<input type="checkbox"/> No. I have NOT practiced psychology without out a license before submitting the application? <input type="checkbox"/> Yes. I have practiced psychology 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:	<table border="1"> <tr> <td data-bbox="885 457 1557 537">Number of days:</td> </tr> <tr> <td data-bbox="885 537 1557 617">Name of Business:</td> </tr> <tr> <td data-bbox="885 617 1557 697">City:</td> </tr> <tr> <td data-bbox="885 697 1557 787">Telephone #:</td> </tr> </table>	Number of days:	Name of Business:	City:	Telephone #:
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.

NOTE: You may still be eligible for a credential 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.

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: _____

STATE OF NEBRASKA

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

THE FOLLOWING MUST BE COMPLETED AND SIGNED BY THE SUPERVISOR(S)

SECTION H: PLAN OF SUPERVISION:

Supervision is a professional relationship in which a licensed psychologist assumes full legal and professional responsibility for the work of the supervisee. The purpose of supervision is to provide training to assist the supervisee to achieve full licensure.

Supervision is a professional relationship in which a licensed psychologist has oversight responsibility for the psychological work of an individual not licensed as a psychologist.

In cases involving oversight of individuals completing the postdoctoral experience, individuals who have been issued a special license to practice psychology, or persons with a master's degree in psychology, a supervisor may supervise up to four (4) individuals. Supervision shall be reflected on all documentation by a co-signature of the supervisor.

The supervisory relationship shall be agreed to in writing prior to its commencing and shall provide for a level of contact appropriate to the supervisee's experience and training. All clients shall be advised of this supervisory relationship.

1	Frequency of Supervision:			
2	Type of Supervision:			
3	Duration of Supervisory Contact:			
4	Description of how supervision will take place:			
5	Who will provide supervisory backup when you are out of town or unavailable for weekly appointments?			
	Name:			License #:
	Address:	Street/PO/Route		
		City:	State:	Zip:

Attestation:

I, _____ am the supervisor referred to in this application and that the statements
 (Name of Supervisor)

regarding the plan of supervision are true and complete.

 (Signature of Supervisor)

_____ date

STATE OF NEBRASKA

Division of Public Health – Licensure Unit
 301 Centennial Mall South - P.O. Box 94986
 Lincoln, Nebraska 68509-4986
 402-471-4920 carrie.nielsen@nebraska.gov

Complete this form only if your Internship was NOT APA Accredited

VERIFICATION OF INTERNSHIP IN PSYCHOLOGY

This form must be completed by the Internship Director and submitted to the Department directly from the Internship Director.

I, _____ verify that _____ has completed a
 (Director's Name) (Applicant's Name)

<input type="checkbox"/> full-time	<input type="checkbox"/> part-time	internship under my direction for _____ hours of supervision per week, during the following time period:	
Date Began(month/day/year):		Date Ended (month/day/year):	
The internship must be at least a full calendar year in duration (365 days) (i.e.: start date is 8/25/2014 and end date is 8/24-25/2015)			
and earned _____ total hours of experience.			
Name of Internship Program:			
Name of On-site Supervisor:			
Name of Facility where Internship was completed:			
Address:	Street/PO:		
	City:	State:	Zip:

1	Did the applicant participate in at least 4 hours of supervision per week? If no, please provide an explanation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Were at least 2 of the 4 hours provided as individual face-to-face supervision? If no, please provide an explanation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Was this supervision provided by at least 2 or more licensed psychologists? If no, please provide an explanation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Nature of services provided by applicant:		
5	Describe the interaction which occurred between interns and applicant:		

6	Describe the range of supervised experience by the applicant in:
	Assessment:
	Intervention:
	Research into the applications of psychology:

7	Staff names, degrees, state of licensure/certification and license/certification number:			
	Name	Degree	State of Licensure	License Number

8	Describe the patient population of the facility:

Other Comments

Signature of Director

License Number

(OPTIONAL) Telephone Number