

Reinstatement Information - Psychology:

If your license was disciplined, please contact the Licensure Unit for the appropriate application.

This application relates to a License which has:

- Been Revoked for non-payment;
- Expired;
- Been placed on Inactive status; or
- Lapsed

To reinstate your license, you must:

1. Complete the attached application for reinstatement.
2. Have a valid Social Security #, or an Alien Registration #.
3. Be lawfully present in the U.S.
4. Have completed at least 24 hours of continuing education within 24 months of this application.
5. Pay the renewal and reinstatement fees. (see page 1 of the application).

If you reinstate your license at this time, the expiration date will be January 1st of the odd numbered year; at least 30 days prior to the expiration date, you will be sent a renewal notice notification of the need to submit a completed renewal application, the renewal fee payment and evidence of 24 hours of continuing competency on or before the expiration date.

Notice:

If you practiced after the expiration date of your license and prior to reinstatement, you are subject to an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations governing psychology (such as probation, limitation, censure, etc).

Additionally, if you committed any other violation of the statutes or regulations governing the practice, the Department may deny the application for reinstatement of the license or reinstate the license to active status and impose limitation(s) or other disciplinary actions on the license.

Questions:

If you have any questions regarding the procedure for reinstatement, please contact the Licensure Unit, at (402) 471-4900 or dhhs.licensure2117@nebraska.gov

PSYCHOLOGY
APPLICATION FOR REINSTATEMENT
OF A LICENSE TO PRACTICE
(Revoked, Expired, Placed on Inactive Status, or Lapsed)

FEES:

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$218	\$218	\$218	\$218	\$218	\$218	80.75	80.75	80.75	80.75	80.75	80.75
Odd Numbered Year	\$218											

You must submit the fee for the month above. Make payable by check or money order to "Licensure Unit."

Applicants must complete ALL sections of this application

SECTION A PERSONAL INFORMATION

Psychology Lic #:		Date of Birth:	
Legal Name:	First:	Middle/MI:	Last:
Maiden Name:	Name:	Other Names you are known as (AKA):	
Mailing Address:	Street/PO/Route:		
<input type="checkbox"/>	City:		
Check this box if NEW address	State or Country:		Zip:

To reinstate your license, you must have a valid Social Security Number, Alien Registration Number, and/or I 94 Number.

1	Enter your Social Security Number and Alien Registration Number. If you have both a SSN and A#, you must report both.	SSN#
		A#
Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes as well as to the Nebraska Department of Revenue, Department of Labor and for other Administrative purposes.		

SECTION B CONVICTION AND LICENSURE INFORMATION

Failure to disclose convictions or disciplinary action, could result in disciplinary action. Answer each of the following questions by placing a check mark in the appropriate box (yes or no) and completing the information requested. All yes responses MUST be explained in detail and you must submit the requested documentation.

2	<p>Were you convicted of a misdemeanor or felony in any state/jurisdiction since your license was last renewed (or since your initial license if such was within the past 24 months). If you answer YES to this question, you must submit the documents to the Licensure Unit:</p> <ul style="list-style-type: none"> A copy of the court record, which includes charges and disposition; Explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions; 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 A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation; <p>List below any misdemeanor or felony convictions</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 35%;">Type of Crime</th> <th style="width: 25%;">Date of Action</th> <th style="width: 40%;">Name of Court/Entity Taking action</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Type of Crime	Date of Action	Name of Court/Entity Taking action							<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Crime	Date of Action	Name of Court/Entity Taking action									

NOTE: If you have any criminal charges or credential disciplinary actions pending that result in misdemeanor or felony conviction or credential discipline, you must report such actions to the Department's Investigative Office within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125) <http://www.dhhs.ne.gov/reg/investi.htm> or you may request a reporting form by telephone at 402-471-0175.

Licensure Information: The following questions relate to a credential (license/certificate/registration) that you hold or have held in health services, health related services or environmental services in another jurisdiction.

		Yes	No		
2	Do you hold or have you held a license in any state? If you answer 'yes' to this question, you <u>must</u> respond to question 2a	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?
2a	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
3	Have you ever been denied the right to take a credentialing examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:	

If you answered YES to question #2a above, you must submit Official Documents from the State Board in which the disciplinary action was taken.

SECTION C CONTINUING EDUCATION: You must have completed 24 hours of continuing education credit within 24 months of this application for reinstatement.

CONTINUING EDUCATION HOURS:

<input type="checkbox"/> Yes	Have you met the continuing education requirements for your profession? If no, you may apply for a waiver as indicated below.
<input type="checkbox"/> No	

Continuing Competency Activities include:

- Developing and teaching an academic course in an institution accredited by a regional accrediting agency.
- Satisfactorily completing a graduate level course offered by an institution accredited by a regional accrediting agency.
- Authoring or editing a peer-reviewed psychological practice oriented publication.
 - Senior/1st author of a peer-reviewed psychological practice oriented professional or scientific book = 16 hours;
 - Senior/1st author of a peer-reviewed psychological practice oriented professional or scientific book chapter = 8 hours;
 - Senior/1st author of a peer-reviewed psychological practice oriented professional journal article = 8 hours; and
 - Editor of a peer-reviewed psychological practice oriented professional or scientific book/journal = 16 hours.
- Presenting or attending workshops, seminars, symposia, colloquia, invited speaker sessions, meetings of professional or scientific organizations, homestudy, or videos. Only activities approved by the following organizations are acceptable:
 - The American Psychological Association (APA);
 - The American Medical Association; (AMA) Nebraska Medical Association (NMA)
 - The American Nurses Credentialing Center's Commission on Accreditation;
 - Nebraska Nurses Association (NNA);
 - National Association of Alcohol and Drug Abuse Counselors (NAADAC) or Nebraska Certified Alcohol and Drug Abuse Counselors (NCADAC);
 - National Association of Social Workers (NASW);
 - National Counselors Association (NCA); or
 - National Association of Marriage and Family Therapists (NAMFT).

WAIVER OF CONTINUING EDUCATION: If you have not completed the continuing education requirement, and wish to apply for a waiver of the continuing education requirement, check the appropriate reason below:

<input type="checkbox"/>	Military: I have served in the regular armed forces of the United States or am actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately preceding the biennial licensure renewal date. If you meet this exemption, you are not required to pay the renewal fee. (Attach military orders)
<input type="checkbox"/>	Initial License: I was first licensed within the 24 months immediately preceding the reinstatement date.
<input type="checkbox"/>	Illness/Disability: I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the 24 months immediately preceding the licensure renewal date. (Attach a statement from treating physician(s) stating that the licensee was injured or ill, the duration of the illness or injury and of the recovery period, and that the licensee was unable to attend continuing education programs during that period.)
<input type="checkbox"/>	Resident of Another State: Be a legal resident of another state, territory, or the District of Columbia and have not practiced as a psychologist in the State of Nebraska since his/her license was issued or last renewed
<input type="checkbox"/>	Not Engaged in Practice: Hold a Nebraska license but have not engaged in the practice of psychology for the 24 months preceding renewal

Documentation (if requested above) must be provided to support your request for waiver of continuing education. **If the specified documentation is not submitted, review and processing of your license reinstatement cannot occur.**

SECTION D ATTESTATION An individual who practices after the expiration date and prior to reinstatement of a license is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing psychology.

1	Have you practiced psychology in Nebraska since your license expired/was placed on inactive status?	<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: # of days: _____	Name of Business: _____
		City: _____ Telephone #: _____

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check only **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.e.: permanent resident (green) card, I-94 document, asylum, etc.)

I am a nonimmigrant lawfully present in the United States. (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)

Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

NOTE: You may still be eligible for a certificate if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005. (i.e.: DACA, pending asylum, pending refugee, etc.)

Signature and Application Attestation: I attest that:

1. I have read the renewal application or have had the renewal application read to me; and
2. All statements on this renewal application are true and complete.

Print Name: _____ Signature: _____ Date: _____

Phone/Fax (Optional): _____ E-mail (Optional): _____

TO PRINT YOUR REINSTATED WALLET CARD GO TO:

<http://www.nebraska.gov/LISSearch/search.cgi>