

PSYCHOLOGY RENEWAL NOTICE

License Expires 1/1/2017

License Information:

Your renewal application and fee must be **POSTMARKED ON OR BEFORE 1-1-2017** to avoid the expiration of your license. If you practice after the expiration date, an administrative penalty of \$10 per day up to \$1,000 will be assessed for each day of practice.

Print the following information:

License #:	
Name:	
Address: <input type="checkbox"/> Check if this is a NEW address	
City/State/Zip:	
To renew your license, you must have a valid Social Security Number or Alien Registration Number.	
Social Security Number:	
Alien Registration Number:	

Check your requested renewal status below:

- ACTIVE \$183.00
- INACTIVE
(no fee required)
- MILITARY WAIVER
(no fee required)

Make payable to:
DHHS, Licensure Unit

(You will not receive receipt)

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.

NAME CHANGES: If your name has changed, you must submit a photocopy of marriage certificate, court order, etc., to provide proof of legal name. If not submitted, the license will be issued in the name currently listed on your license.

ONLINE LICENSE RENEWAL: You may renew your license online at <https://nebraska.mylicense.com/>. To register on-line you will need your license number, your social security number and a credit or debit card with a MasterCard or Visa logo.

INACTIVE STATUS: If you choose Inactive Status, this means that you cannot practice but may represent yourself as having an inactive license. To change from Inactive to Active Status, you **MUST** complete the reinstatement application (can be downloaded online) and meet the requirements which are in effect at the time reinstatement is requested.

Conviction/Discipline Information: You must answer the following questions

1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Were you convicted of a misdemeanor or felony in any jurisdiction between 1/1/2015 and 1/1/2017. If you answer YES to this question, you must submit the documents to the Licensure Unit:</p> <ul style="list-style-type: none"> A list of any misdemeanor or felony convictions; 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.
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Have you held a license that was issued by another jurisdiction(s)/state(s) to provide health services, health-related services, or environmental services? (If you answer NO to 2, answer NO to 2a)</p>
2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Has such license been denied, refused renewal, or disciplined between January 1, 2015 and January 1, 2017? (If "YES", please provide a list of any disciplinary actions taken against your license and a copy of the disciplinary action(s), including charges and disposition.</p>

NOTE: If you have any criminal charges or license disciplinary actions pending that result in a misdemeanor or felony conviction or license discipline, you must report such actions to this Department within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125). Failure to disclose any such convictions/license discipline could result in disciplinary action. www.dhhs.ne.gov/Pages/reg_investi.aspx

Continuing Education (CE):

CE Completion:

<input type="checkbox"/>	<p>Yes, I have met or will meet the continuing education requirements on or before 1-1-2017.</p> <p>You MUST have completed 24 hours of acceptable continuing education, or have met one of the waivers, between 1-1-2015 and 1-1-2017 in order for your credential to be renewed to <u>ACTIVE</u> status (not required if you request inactive status)</p>
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CE Waiver Request:

<input type="checkbox"/>	<p>Military Service: After 1/1/2015 I have served full-time duty in the active military service of the United States, a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. Military service may also include any period during which a service member is absent from duty on account of sickness, wounds, leave, or other lawful cause. If you meet this waiver, you are not required to pay the renewal fee or meet the continuing education requirements. You must submit verifying documentation.</p>
<input type="checkbox"/>	<p>First Licensed: I was first licensed after 1/1/2015. If you met this waiver, you are not required to meet the continuing education requirement, but you must pay the fee.</p>
<input type="checkbox"/>	<p>ILLNESS/DISABILITY WAIVER: I have suffered a serious or disabling illness or physical disability that prevented completion of the required number of hours during the 24 months immediately preceding the license renewal date. (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 MUST BE ATTACHED.)</p>

***** DO NOT SUBMIT CONTINUING COMPETENCY CERTIFICATES TO THIS OFFICE UNLESS THEY ARE REQUESTED *****

Continuing Education criteria is listed below:

1. Developing and teaching an academic course in an institution accredited by a regional accrediting agency. Credit will be granted only for the first time the licensee teaches the course during the renewal period and cannot be used for subsequent renewal periods.
 - a. 1 semester hour of graduate academic credit = 15 hours continuing competency credit.
2. Satisfactorily completing a graduate level course offered by an institution accredited by a regional accrediting agency. Credit will be granted only for the first time it is completed, and it must be completed during the renewal period for which it is submitted.
 - a. 1 semester hour of graduate academic credit = 15 hours of continuing competency credit.
3. Authoring or editing a peer-reviewed psychological practice oriented publication. Continuing competency credit may be earned only in the year of publication or first distribution.
 - a. Senior/1st author of a peer-reviewed psychological practice oriented professional/scientific book = 16 hours of competency credit;
 - b. Senior/1st author of a peer-reviewed psychological practice oriented professional/scientific book chapter = 8 hours of continuing competency credit;
 - c. Senior/1st author of a peer-reviewed psychological practice oriented professional journal article = 8 hours of continuing competency credit; and
 - d. Editor of a peer-reviewed psychological practice oriented professional/scientific book/journal = 16 hours of continuing competency credit.
4. Presenting or attending workshops, seminars, symposia, colloquia, invited speaker sessions, meetings of professional or scientific organizations, homestudy, or videos.
 - a. 60 minutes of presentation or attendance equals 1 hour of continuing competency credit.
 - b. Only activities approved by the following organizations are acceptable:
 - (1) The American Psychological Association (APA);
 - (2) The American Medical Association; (AMA) Nebraska Medical Association (NMA)
 - (3) The American Nurses Credentialing Center's Commission on Accreditation;
 - (4) Nebraska Nurses Association (NNA);
 - (5) National Association of Alcohol and Drug Abuse Counselors (NAADAC) or Nebraska Certified Alcohol and Drug Abuse Counselors (NCADAC);
 - (6) National Association of Social Workers (NASW);
 - (7) National Counselors Association (NCA); or
 - (8) National Association of Marriage and Family Therapists (NAMFT).

Attestation: 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.) **YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL**

I am a nonimmigrant lawfully present in the United States. (i.e.: permanent resident (green) card, I-94 document, asylum, etc.) **YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL**

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. **YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL**

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 RENEWED WALLET CARD GO TO: <http://www.nebraska.gov/LISSearch/search.cgi>

Disaster Response Volunteers Needed Information

Disaster Response Volunteers Needed:

In an emergency event, your skills and abilities could be in great demand. The State of Nebraska Medical and Health Volunteer registry allows you to register as a healthcare volunteer before disaster strikes. This secure system allows disaster response officials to quickly identify those healthcare professionals necessary to meet the needs of a disaster or emergency situation. Your professional skills can then best be put to use in a coordinated and efficient manner, while granting you additional legal protection under the Nebraska Emergency Management Act (see Neb. Rev. Statute 81-829.36).

Registration only takes a moment and does not obligate you to respond to any future disasters; instead, registration allows you to be contacted for your availability during a local, state, or national emergency. Saving lives in an effective response to an emergency or disaster often depends on quickly identifying and contacting volunteer healthcare professionals such as yourself who have the specific skills necessary to care for people who are injured or ill. Please take a moment to register at: <https://volunteers.ne.gov/ESAR-VHP/faces/jsp/login.jsp>