



**STATE OF NEBRASKA**

Department of Health and Human Services  
 Division of Public Health - Licensure Unit  
 301 Centennial Mall South - P.O. Box 94986  
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# PSYCHOLOGY SUPERVISORY RELATIONSHIP REGISTRATION FORM

**Category:**  Psychological Assistant OR  Psychologist Associate (note definitions on page 7)  
 Special Licensed Psychologist

**SECTION A – PERSONAL INFORMATION** (All applicants must complete this section) **This section is public information and will be displayed on the INTERNET <http://www.nebraska.gov/LISSearch/search.cgi>**

**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:

Additional information requested: (*This information is not displayed on the internet*)

3	Date of Birth:	Month/Day/Year:	Place of Birth:	City/State or Country:
4	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 #	
If you have both a SSN and an A# or I-94 number, you must report both. 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 and to the Nebraska Department of Revenue.				
5	Phone #: (optional)	Fax #: (optional)	E-Mail Address: (optional)	

**SECTION B - SUPERVISOR'S PERSONAL INFORMATION** (All supervisors must complete this section)

1	Supervisor's Name	First:	Middle:	Last:
2	Business Address	Name of Facility:		
		Street/PO/Route:		
		City:	State:	Zip:
3	License Number	Business Phone (Optional)		

**FEES:** (Make payable to: Licensure Unit)

- Initial Supervisory Registration: **\$50**
- Change in Supervisor: **\$10** (re-issue fee)

Name of Previous Supervisor:	First:	Middle:	Last:
What date did the supervision terminate?			
Will this individual continue as your supervisor?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

- Additional Supervisor(s) -This is in addition to the supervisors already on file: **\$10** (re-issue fee)

**NOTE: Supervisory registrations expire upon termination of the registered supervisor.**

**SECTION C – DIAGNOSIS/TREATMENT INFORMATION TO BE COMPLETED BY SPECIAL LICENSED PSYCHOLOGISTS ONLY** - SCOPE OF PRACTICE: Provide a complete description of the scope of practice for which supervision will be provided to the supervisee listed on this application, by checking all items below that apply and list any additional areas that are not included.

CHECK	DIAGNOSIS AND TREATMENT <b>this COLUMN only applies to SPECIAL LICENSED PSYCHOLOGISTS</b>		CHECK	TREATMENT TECHNIQUES USED <b>this COLUMN only applies to SPECIAL LICENSED PSYCHOLOGISTS</b>
<input type="checkbox"/>	Major Mental and Emotional Disorders		<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Mental and Emotional Disorder		<input type="checkbox"/>	Psychoanalysis
<input type="checkbox"/>	Alcoholism and Substance Abuse		<input type="checkbox"/>	Psychotherapy
<input type="checkbox"/>	Disorders of Habit or Conduct		<input type="checkbox"/>	Hypnosis
<input type="checkbox"/>	Psychological Aspects of Physical Illness		<input type="checkbox"/>	Biofeedback
<input type="checkbox"/>	Psychological Aspects of Accident		<input type="checkbox"/>	Behavioral Analysis and Therapy
<input type="checkbox"/>	Psychological Aspects of Injury		<input type="checkbox"/>	Play Therapy
<input type="checkbox"/>	Psychological Aspects of Disability		<input type="checkbox"/>	Remediation
			<input type="checkbox"/>	Consultation
List any Additional Diagnosis/Treatment below:			List any Additional Treatment Techniques below:	

**SECTION C - SCOPE OF PRACTICE – ALL APPLICANTS MUST COMPLETE THIS SECTION - continued**

CHECK	PSYCHOLOGICAL TESTING AND EVALUATION
<input type="checkbox"/>	Intelligence
<input type="checkbox"/>	Personality
<input type="checkbox"/>	Abilities
<input type="checkbox"/>	Interests
<input type="checkbox"/>	Psychophysiological Functioning
<input type="checkbox"/>	Neuropsychological Functioning
<input type="checkbox"/>	Psychoeducational Evaluation
List any Additional Testing below:	

CHECK	TEST INSTRUMENTS USED
<input type="checkbox"/>	Bayley Scales of Infant Development
<input type="checkbox"/>	Beery Developmental Test of Visual Motor Integration
<input type="checkbox"/>	Bender Gestalt
<input type="checkbox"/>	Benton Visual Retention Test
<input type="checkbox"/>	Draw a Person
<input type="checkbox"/>	Eysenck Personality Inventory
<input type="checkbox"/>	Hiskey-Nebraska Test of Learning Aptitude
<input type="checkbox"/>	House-Tree-Person
<input type="checkbox"/>	Kinetic Family Drawing
<input type="checkbox"/>	Luria Nebraska Neurological Assessment
<input type="checkbox"/>	McCarthy Scales of Children's Abilities
<input type="checkbox"/>	Millon Clinical Multiaxial Inventory II
<input type="checkbox"/>	Millon Adolescent Personality Inventory
<input type="checkbox"/>	Millon Behavioral Health Inventory
<input type="checkbox"/>	Mini Mental Status
<input type="checkbox"/>	Minnesota Multiphasic Personality Inventory (MMPI-2 / MMPI)
<input type="checkbox"/>	MMPI-A

List any Additional Test Instruments below:

CHECK	TEST INSTRUMENTS USED
<input type="checkbox"/>	Peabody Individual Achievement
<input type="checkbox"/>	Purdue Peg Board
<input type="checkbox"/>	Projective Drawing
<input type="checkbox"/>	Quick Neurologic Screening Test
<input type="checkbox"/>	Reitan Neurological Assessment Battery
<input type="checkbox"/>	Revised Children's Manifest Anxiety Scale
<input type="checkbox"/>	Reynold's Adolescent Depression Scale
<input type="checkbox"/>	Reynold's Child Depression Scale
<input type="checkbox"/>	Rorschach
<input type="checkbox"/>	Sentence Completion
<input type="checkbox"/>	Stanford Binet
<input type="checkbox"/>	Thematic Apperception Test
<input type="checkbox"/>	Wechsler Preschool and Primary Scale of Intelligence
<input type="checkbox"/>	Wechsler Adult Intelligence Scale Revised
<input type="checkbox"/>	Wechsler Memory Scale Revised
<input type="checkbox"/>	Wechsler Intelligence Scale for Children III
<input type="checkbox"/>	Woodcock Johnson Psychoeducational Battery

List any Additional Test Instruments below:

List any Additional Test Instruments below:

<b>SECTION D - STATUS OF SUPERVISEE:</b> All applicants must complete the below information.				
1	<input type="checkbox"/>	<b>PSYCHOLOGIST ASSISTANT</b>		
		I have a master's in		
		<input type="checkbox"/>	clinical psychology	
		<input type="checkbox"/>	counseling psychology,	
		<input type="checkbox"/>	educational psychology; or	
	<input type="checkbox"/>	educational specialist degree in school psychology.		
	A Transcript/diploma verifying receipt of a master's degree as specified above must be either <b>attached</b> <input type="radio"/> or <b>forwarded separately</b> <input type="radio"/>			
	<input type="checkbox"/>	<b>PSYCHOLOGIST ASSOCIATE</b>		
		I have a master's in		
		<input type="checkbox"/>	clinical psychology	
		<input type="checkbox"/>	counseling psychology,	
		<input type="checkbox"/>	educational psychology; or	
		<input type="checkbox"/>	educational specialist degree in school psychology.	
		A Transcript/diploma verifying receipt of a master's degree as specified above must be either <b>attached</b> or <b>forwarded separately</b>		
<b>AND</b>				
<input type="checkbox"/>	I have carried out the duties described in this form (the duties on this form comply with Neb. Rev. Stat. 38-3113(5)(c)) as part of my employment in institutions accredited by the Department of Public Institutions, the State Department of Education, or the Department of Correctional Services for a period of two years prior to September 1, 1994.			
My qualifying dates of employment are		From:	To:	
<b>2</b> <input type="checkbox"/> <b>SPECIAL LICENSED PSYCHOLOGIST</b>				

<b>SECTION E – PLAN OF SUPERVISION:</b> Supervision must include:			
1) psychologist holding special license – supervision shall provide a level of oversight and training appropriate to the individual's experience level;			
2) psychologist assistant and psychologist associate – sessions shall occur on a weekly basis, and			
3) candidate for licensure as a mental health practitioner obtaining supervised postmasters experience - sessions shall occur on a weekly basis for at least 1 hour.			
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?		
Supervisor's Name:		Last	First
		Middle Initial	
Business Address:		Street/PO/Route	
		City	State
		Zip Code	
License Number:		#:	Telephone Number:
			#:

SECTION F - CURRENT SUPERVISORY RESPONSIBILITIES: Indicate below the number of individuals you supervise in each category/type.	
NUMBER	TYPE OF SUPERVISEE
	Psychologists holding Special Licenses
	Provisional Licensed Psychologists (applicants obtaining post-doctoral supervised experience)
	Psychological Assistant
	Psychologist Associate
	Provisional Mental Health Practitioner (Obtaining Supervised Postmasters Experience)

**SECTION G - SUPERVISOR ATTESTATION (The supervisor must complete this section of the application)**

**Supervisor Must Complete the following:**

I, \_\_\_\_\_ state that I am the supervisor referred to in this application and that the  
 (Name of Supervisor)

statements herein are true and complete. I agree to assume legal and professional responsibility for the work of the applicant listed in this application and agree that I am competent to provide all services identified in this registration form. If any change in the scope of practice or plan of supervision, I hereby agree to notify the Board of Psychology.

\_\_\_\_\_  
 Signature of Supervisor

\_\_\_\_\_  
 date

**SECTION H – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)**  
**Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.**

**NOTE:** If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days <http://www.dhhs.ne.gov/reg/investi.htm> or by telephone at 402-471-0175.

Answer each of the following questions by placing a (✓) 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 (see page 7 of application).

**Conviction Information:**

#	Question	Yes	No	Type of Crime	Date of Action	Name of Court/Entity Taking action
1	Have you <b>EVER</b> been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

**Licensure Information:**

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.

2	Are you licensed in any state?	Yes	No	If yes, what State(s) are you licensed in?	What type of license do you hold?	
		<input type="checkbox"/>	<input type="checkbox"/>			
3	Has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Yes	No	Type of Licensure Action	Date of Action	Name of Entity taking Action
		<input type="checkbox"/>	<input type="checkbox"/>			
4	Have you ever been denied the right to take an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

<b>SECTION I – PRACTICE PRIOR TO CREDENTIAL</b>	
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, or such other action as provided in the statutes and regulations governing the credential.	
1	I have practiced without supervision and proper registration 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:
	# of days: _____
	Name of Business: _____
	City: _____
	Telephone #: _____

**SECTION J - ATTESTATION****Lawful Presence in the United States Attestation:**

For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

**Please check ONLY ONE of the boxes below:**

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

**Alien or Non-immigrant Status:** If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

Your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

**Application Attestation:** I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete; and
3. I am of good character.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Psychologist Associate/ Psychological Assistant:**

An individual with a master's degree in clinical, counseling, or educational psychology or an educational specialist degree in school psychology who administers and scores and may develop interpretations of psychological testing under the supervision of a psychologist. Such individuals shall be deemed to be conducting their duties as an extension of the legal and professional authority of the supervising psychologist and shall not independently provide interpretive information or treatment recommendations to clients or other health care professionals prior to obtaining appropriate supervision. Use of the title shall be restricted to duties described in this subdivision, and the title shall be used in its entirety. Partial or abbreviated use of the title and use of the title beyond what is specifically authorized in this subdivision shall constitute the unlicensed practice of psychology.

**Special license:** (1) Any psychological practice that involves the diagnosis and treatment of major mental and emotional disorders by a person holding a special license shall be done under the supervision of a licensed psychologist as determined by the board. A psychologist holding a special license shall not supervise mental health practitioners or independently evaluate persons under the Nebraska Mental Health Commitment Act or the Sex Offender Commitment Act.

(2) An application for a supervisory relationship shall be submitted to the department. The application shall contain:

- (a) A general description of the supervisee's practice and the plan of supervision;
- (b) A statement by the supervisor that he or she has the necessary experience and training to supervise this area of practice; and
- (c) A statement by the supervisor that he or she accepts the legal and professional responsibility for the supervisee's practice with individuals having major mental and emotional disorders.

(3) Psychologists practicing with special licenses may continue to use the title licensed psychologist but shall disclose supervisory relationships to clients or patients for whom supervision is required and to third-party payors when relevant.



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

1.  **Age:** Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2.  **Citizenship, lawful permanent residence, and/or immigration status** Information: You must submit a **copy** of at least one of the following documents:
  - a. A U.S. Passport (unexpired or expired);
  - b. A birth certificate issued by a state/county/municipal authority or outlying possession of the U.S. bearing an official seal;
  - c. An American Indian Card (I-872);
  - d. A Certificate of Naturalization (N-550 or N-570);
  - e. A Certificate of Citizenship (N-560 or N-561);
  - f. Certification of Report of Birth (DS-1350);
  - g. A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
  - h. Certification of Birth Abroad (FS-545 or DS-1350);
  - i. A United States Citizen Identification Card (I-197 or I-179);
  - j. A Northern Mariana Card (I-873);
  - k. A Green Card, otherwise known as a Permanent Resident Card (Form I-551) both front and back of the card;
  - l. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
  - m. A document showing an Alien Registration Number ("A#"). An employment authorization card/document is not acceptable; or
  - n. A Form I-94 (Arrival-Departure Record);
3.  **Education:** You must have your school submit an official school/college/university transcript;
4.  **Conviction Information:** If you have been convicted of a felony or misdemeanor, you must submit:
  - a. A copy of the court record, which includes charges and disposition;
  - b. 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;
  - c. 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
  - d. A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
5.  **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 A3);
6.  **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; and
7.  **Fee:** The required fee (see chart on page 2 of this application).

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.