



STATE OF NEBRASKA

Division of Public Health - Licensure Unit
 P.O. Box 94986 – 301 Centennial Mall South
 Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-4970 carrie.nielsen@nebraska.gov

**Provisional Licensed Psychologist
 APPLICATION FOR A CHANGE IN OR ADDITIONAL
 SUPERVISOR**

To be eligible for a change, you must be earning post-doctorate experience in Nebraska

Reissue FEE: \$10

SECTION A: APPLICANT'S PERSONAL INFORMATION

1.	Applicant's Name:	First:	Middle:	Last
2.	Public Address:	PO/Street/Route:		
		City:	State:	Zip Code:
3.	OPTIONAL: Telephone #:	PROVISIONAL LICENSE NUMBER:		

**SECTION B: SUPERVISOR'S PERSONAL INFORMATION
 (ONLY IDENTIFY NEW OR ADDITIONAL SUPERVISOR INFORMATION BELOW) – Supervisor(s) must be in Nebraska.**

1.	Supervisor's Name:	First:	Middle:	Last:
1a.	Business Address:	Name of Facility:		
		PO/Street/Route:		
		City:	State:	Zip Code:
1b.	License Number:	Type:	OPTIONAL: Business Telephone #:	

2.	Second Supervisor's Name:	First:	Middle:	Last:
2a.	Business Address:	Name of Facility:		
		PO/Street/Route:		
		City:	State:	Zip Code:
2b.	License Number:	Type:	OPTIONAL: Business Telephone #:	

If the **primary supervisor** is a psychologist, s/he can only supervise up to a total of 4 provisional licensed mental health practitioners and provisional licensed psychologists.

SECTION C: APPLICATION CATEGORY

Your Provisional License Number is: _____

Change in Supervisor requested

Name of Previous Supervisor: _____

Should we remove the previous supervisor as your current supervisor?

Yes No

Additional Supervisor requested

This is in addition to the supervisors already on file

SECTION E: SUPERVISOR ATTESTATION

(The licensees who will be supervising the applicant's hours of post-doctorate experience must complete this section of the application)

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 means a professional relationship in which a licensed psychologist shall have oversight responsibility for the psychological work of an individual not licensed as a psychologist. The purpose of supervision shall be to provide training to assist the supervisee to achieve full licensure.

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.

Supervisor Must Complete the following:

Provisional Applicant's Name:

I, _____, say that
(Name of Supervisor)

I am the supervisor referred to in this application, I have read Section E: Supervisor Attestation, and that the statements herein are true and complete.

(Legal Signature of Supervisor)

_____ date

Second Supervisor Must Complete the following:

Provisional Applicant's Name:

I, _____, say that
(Name of Supervisor)

I am the supervisor referred to in this application, I have read Section E: Supervisor Attestation, and that the statements herein are true and complete.

(Legal Signature of Supervisor)

_____ date

SECTION F: APPLICANT'S ATTESTATION

- I 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;
 3. I am of good character; and
 4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

(Signature of Applicant)

(date)