

**PSYCHOLOGY  
 APPLICATION FOR A LICENSE**

It is your responsibility to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

**SECTION A – PERSONAL INFORMATION** (All applicants must complete this section) *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:
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 #:	Fax #: (optional)	E-Mail Address:	

**SECTION B - LICENSURE APPLICATION CATEGORY** Check the process by which you are applying for a License.

1	<input type="checkbox"/>	<b>INITIAL LICENSURE</b> IN NEBRASKA <b>BASED ON DOCTORAL DEGREE IN PSYCHOLOGY</b> (APA or Equivalent) and completion of 2 years of supervised professional experience (Applicants must take OR have taken the EPPP Examination and Nebraska Board-developed Examination)	<b>FEE: See Chart</b>
2	<input type="checkbox"/>	<b>RECIPROCITY</b> (Applicants must take the Nebraska Board-developed Examination)	<b>FEE: See Chart</b>
		<input type="checkbox"/> ASPPB Certificate of Professional Qualification (CPQ) - <b>must submit evidence of CPQ</b>	
		<input type="checkbox"/> ASPPB Reciprocity Agreement	
3	<input type="checkbox"/>	<b>TEMPORARY LICENSE APPLICABLE TO RECIPROCITY ONLY – Check this box</b> if you wish to be issued a temporary license to practice up to one year pending successful passage of the Nebraska Board-developed Examination	<b>FEE: \$50.00</b>
		<b>APPLICATION BASED ON CERTIFICATION WITH AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY</b> (Applicants must take the Nebraska Board-developed Examination) - must submit evidence of ABPP	<b>FEE: See Chart</b>
4	<input type="checkbox"/>	<b>SPECIAL LICENSE TO PSYCHOLOGY LICENSE</b> (completion of 2-years of supervised professional experience)	<b>FEE: \$50.00</b>

**FEE CHART:** Determine the month and year in which you are submitting your application by using the chart below.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$183	\$183	\$183	\$183	\$183	\$183	45.75	45.75	45.75	45.75	45.75	45.75
Odd Numbered Year	\$183	\$183	\$183	\$183	\$183	\$183	\$183	\$183	\$183	\$183	\$183	\$183

**Make payable to:** Licensure Unit

**NOTE:** Licenses expire 01/01 of odd years (renewal fee will be \$183)

**SECTION C – EPPP EXAMINATION:** If you have taken the Examination for Professional Practice of Psychology (EPPP) in a State other than Nebraska, you must complete this section.

If you have taken the Examination for Professional Practice of Psychology (EPPP) in a State **other than** Nebraska, you must submit an official copy of the examination scores from the Professional Examination Service, 475 Riverside Dr. New York, New York 10125 **OR** you may submit official verification of the examination results from the State Licensing Board where the test was administered.

Date of Examination:

City and State where Examination was administered:

**SECTION D – 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.**

You are required to list all misdemeanor/felony convictions, regardless of when they occurred. If you are not sure if a ticket or arrest resulted in a misdemeanor or felony conviction, we suggest that you contact the court in the county where you were ticketed or arrested. The following provides just a small **sampling** of some of the misdemeanor convictions; this is not an exclusive list (intended as examples):

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• MIP</li> <li>• DUI / DWI</li> <li>• Controlled Substance</li> <li>• Open Container</li> <li>• Tobacco Use by Minor</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault</li> <li>• Disorderly Conduct</li> <li>• Disorderly House</li> <li>• Reckless Driving</li> </ul> | <ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• Fail to Appear in Court</li> <li>• False Information or Reporting</li> <li>• Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering</li> <li>• Bad Check</li> <li>• Fireworks</li> </ul> |
|--|---|

Convictions are also delineated in Neb. Rev. Stat. Chapter 28

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 or Licensure Action	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"/>			

**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 Investigations Unit within 30 days [http://www.dhhs.ne.gov/reg\\_investi.aspx](http://www.dhhs.ne.gov/reg_investi.aspx) or by telephone at 402-471-0175.

**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	Do you hold or have held a license 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:		

You **are not required to complete SECTION E** if you currently hold a provisional license as a psychologist in Nebraska or are applying based on **CPQ, ASPPB Reciprocity Agreement**, or a current credential at the doctoral level as a **Health Service Provider by the National Register of Health Service Providers**; however, you **must submit** evidence of your current certification or credential.

<p><b>SECTION E – INTERNSHIP EXPERIENCE:</b> All applicants must complete this section and request their Internship Director to submit ATTACHMENT A1 to verify this information. An applicant is required to have completed two years of supervised professional experience. One year shall be an internship meeting the standards of accreditation adopted by the American Psychological Association, and one year shall be supervised postdoctoral experience (SECTION F and ATTACHMENT A2).</p>						
<b>INTERNSHIP EXPERIENCE:</b>						
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	<p>Was the internship APA approved?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p><i>If the internship is <b>NOT</b> accredited by APA, you must submit evidence that the internship meets the standards of accreditation adopted by APA – YOU MUST COMPLETE THE <b>INTERNSHIP EQUIVALENCY FORM</b></i>  <a href="http://dhhs.ne.gov/publichealth/Licensure/Documents/PsychInternEquivApp.pdf">http://dhhs.ne.gov/publichealth/Licensure/Documents/PsychInternEquivApp.pdf</a></p>					
7	<p>Below, provide a brief statement of the services you provided during your internship:</p> <hr/> <hr/> <hr/>					

You **are not required to complete SECTION F** if you are applying based on: **CPQ, ASPPB Reciprocity Agreement**, or a current credential at the doctoral level as a **Health Service Provider by the National Register of Health Service Providers**.

<b>SECTION F – POSTDOCTORAL SUPERVISED EXPERIENCE:</b> If you have not completed the postdoctoral supervised experience, Attachment A2 must be submitted directly by your supervisor at the conclusion of such experience - you may also submit the licensure fee at that time.					
<b>SUPERVISED POSTDOCTORAL EXPERIENCE:</b>					
1	Is a supervisory registration form on file with the Department - Note: Title 172, Chapter 155, Section 002 require Individuals who are completing one year of supervised postdoctoral experience to submit a supervisory registration form <b>prior</b> to commencement of the experience or practice.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	<input type="checkbox"/>	I am currently completing the supervised postdoctoral experience - <b>Attachment A2 must be completed by your supervisor and submitted upon completion of the experience</b>			
		Anticipated Completion Date:			
	<b>OR</b>				
	<input type="checkbox"/>	I have completed the supervised postdoctoral experience			
3	Name of Facility where experience completed or will be completed:		Name:		
4	Address:		Street/PO/Route:		
			City:	State:	
				Zip:	
5	Dates of Experience:	From (month/day/year):	To (month/day/year):		
6	Name of Supervisor:	First:	Middle/MI:	Last:	
7	Credentials of Supervisor:	State/Jurisdiction Licensed:	Type of License:	License Number:	
8	Below, provide a brief statement of the services you provided during your supervised post doctoral experience:				
	<hr/>				
	<hr/>				
	<hr/>				
	<hr/>				

If you currently hold a provisional license in Nebraska and have **previously submitted** your official transcript, **OR** if you are applying based on: **CPQ, ASPPB Reciprocity Agreement**, or a current credential at the doctoral level as a **Health Service Provider by the National Register of Health Service Providers**, you are not required to complete **SECTION G**

**SECTION G – EDUCATION:** All applicants must complete this section and cause to be submitted an Official Transcript of a Doctoral Degree in Psychology; you need only submit information relative to your doctoral degree. You must possess a doctoral degree from a program of graduate study in professional psychology from an institution of higher education. The degree shall 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.

**YOUR TRANSCRIPT MUST BE SENT DIRECTLY FROM THE INSTITUTION TO THE LICENSURE UNIT (our office address is on page 1 of application)**

1.	Last Name on Transcript:					
2.	Institution Name:					
3.	Institution Address:	Street/PO/Route:				
		City:	State:	Zip:		
4.	Graduation Information:	Date (month/day/year):	Degree:	Major:		
		Is the program of graduate study in psychology accredited by the American Psychological Association (APA)?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If the program is not APA accredited, name the accrediting body:	Name:			
<p><i>If the program is <b>NOT</b> 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</i>  <a href="http://dhhs.ne.gov/publichealth/Documents/APAProgramEquivCriteria.pdf">http://dhhs.ne.gov/publichealth/Documents/APAProgramEquivCriteria.pdf</a></p>						

**SECTION H – RECIPROCITY:** If applying for licensure by reciprocity, the applicant have been in the active and continuous practice under license or certification in the State, territory, or District of Columbia from which s/he comes for at least one year; and have been actively engaged in the practice under such license or certificate or in an accepted residency or graduate training program for at least one of the three years immediately preceding the application for licensure.

**Attachment A3 (or similar document) must be completed by the State(s) in which you are licensed.**

1	Have you been in the active and continuous practice of psychology under such license or in an accepted residency or graduate program for one year of the three years immediately preceding the date of an application for Nebraska license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
1A	If in an accepted residency or graduate program, provide the name of the facility or graduate program, address, and dates actively engaged in the practice of mental health. (Use an additional sheet if space is inadequate.)		
	Facility	Address	Dates
1B	Give location, address, and dates actively engaged in the practice of psychology. (Use an additional sheet if space is inadequate.)		
	Facility	Address	Dates

<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 psychology in Nebraska before submitting the application? (Does not include practice while holding a provisional psychology license)	<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:	<div style="border: 1px solid black; padding: 2px;"># of days: _____</div> <div style="border: 1px solid black; padding: 2px;">Name of Business: _____</div> <div style="border: 1px solid black; padding: 2px;">City: _____</div> <div style="border: 1px solid black; padding: 2px;">Telephone #: _____</div>

<b>SECTION J – ATTESTATION</b>	
<b>Attestation:</b> For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 ( <i>check <b>ONE</b> of the boxes below</i> ):	
<b>I attest that</b>	
<input type="checkbox"/> I am a citizen of the United States; <b>OR</b> <input type="checkbox"/> I am a qualified alien under the Federal Immigration and Nationality Act.	
<input type="checkbox"/> I am a nonimmigrant lawfully present in the United States; <b>OR</b> <input type="checkbox"/> Check this box if you are <b>NOT</b> a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.	
<p><b>NOTE:</b> 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.</p>	
<b>Application Attestation: I attest that:</b>	
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: _____



**In order for your application to be considered complete, all applicants MUST 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 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 a Qualified Alien or a Non-Immigrant** under the Federal Immigration and Nationality Act, 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; or
- \_\_\_\_\_ Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa.

**If you are not a U.S. Citizen nor a Qualified Alien** under the Federal Immigration and Nationality Act and are lawfully present in the United States, you may still be eligible for a license if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following documents under the Federal REAL ID Act:

- \_\_\_\_\_ 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.

**NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

3.  Examination: You must have submitted an Official Examination Score Report from PES;
4.  Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
  - (1) A copy of the court record, which includes charges and disposition;
  - (2) 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;
  - (3) 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
  - (4) 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 1 of this application).



**The following documents must be submitted by the individual completing the document/form:**

8.  Education: You must have your school submit (directly to our office) an official school/college/university transcript;
9.  Attachment A1: Verification of Internship in Psychology – You must have your Internship Directly submit (directly to our office) Attachment A1;
10.  Attachment A2: Verification of Postdoctoral Experience in Psychology – You must have your supervisor submit (directly to our office) Attachment A2;

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.



**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Division of Public Health – Licensure Unit  
 301 Centennial Mall South - P.O. Box 94986  
 Lincoln, Nebraska 68509-4986  
 402-471-4970 [carrie.nielsen@nebraska.gov](mailto:carrie.nielsen@nebraska.gov)

**VERIFICATION OF INTERNSHIP IN  
 PSYCHOLOGY**

***This form must be completed by the Internship Director and MUST BE SUBMITTED DIRECTLY to the Licensure Unit by 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):	
and earned _____ total hours of experience.			
Name of Internship Program:			
Name of On-Site Internship 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:		
	<b>Assessment:</b>		
	<b>Intervention:</b>		
	<b>Research into the applications of psychology:</b>		

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

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Division of Public Health – Licensure Unit  
 301 Centennial Mall South - P.O. Box 94986  
 Lincoln, Nebraska 68509-4986  
 402-471-4970 carrie.nielsen@nebraska.gov

**VERIFICATION OF POSTDOCTORAL EXPERIENCE IN PSYCHOLOGY**

**This form must be completed by the supervisor  
 for the postdoctoral experience claimed by the applicant  
 and MUST BE SUBMITTED DIRECTLY to the Licensure Unit by the Supervisor.**

I, \_\_\_\_\_ verify that \_\_\_\_\_  
 (Supervisor's Name) (Applicant's Name)

has completed at least one year of postdoctorate experience under my supervision. Following are the requirements relating to postdoctoral experience:

If the postdoctoral experience is to be earned in Nebraska, it must be:

- (1) Registered with the Department prior to commencement in accordance with 172 NAC 155-003.02;
- (2) Under the supervision of a licensed psychologist (a special licensed psychologist can not supervise);
- (3) 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;
- (4) Meets the standards of supervision specified in 172 NAC155-002; and
- (5) Compatible with the knowledge and skills acquired during formal doctoral or postdoctoral education in accordance with professional requirements and relevant to the intended area of practice;

If the postdoctoral experience is earned outside of Nebraska, it must be:

- (1) Under the supervision of a licensed psychologist or similar title in said state;
- (2) 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; and
- (3) Compatible with the knowledge and skills acquired during formal doctoral or postdoctoral education in accordance with professional requirements and relevant to the intended area of practice.

Direct Service means a variety of activities, during the internship and/or post doctoral experience, associated with a client system, including collateral contacts, for purposes of providing psychological services.

Examples of direct services are:

1. Interviewing;
2. Therapy;
3. Case Conferences;
4. Behavioral Observations and Management;
5. Evaluations;
6. Treatment Planning;
7. Testing;
8. Consultations; and
9. Biofeedback.

Examples of Non-Direct Services are:

1. Insurance/Managed Care Reviews Relating to Payment Judgements;
2. Class Room Teaching;
3. Supervising Provisionally Licensed Mental Health Practitioners; and
4. Receiving Supervision.

Experience was completed at:	Name of Facility:		
Address:	Street/PO:		
	City:	State:	Zip:
Dates of Experience:	From (month/day/year):	To (month/day/year):	
Hours of service:	Direct Service Hours:	Total Hours:	

1	Provide a brief description of the nature of services provided and population served by the applicant:
2	Describe the nature of supervision received by applicant:

Other comments:

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

\_\_\_\_\_  
License Number

\_\_\_\_\_  
(OPTIONAL) Telephone Number



**INITIAL LICENSE REQUIREMENTS (172 NAC155-003.01A):**

An applicant for an initial license to practice psychology must:

1. Have a doctoral degree from a program of graduate study in professional psychology from an institution of higher education as defined in 172 NAC 155-002.
  - a. 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.
  - b. The applicant must provide evidence to demonstrate equivalency if the program is not accredited by the American Psychological Association.
    - (1) Any applicant from a doctoral program in psychology that does not meet 172 NAC 155-003.01A item 1a or 1b must present a certificate of retraining from a program of respecialization that does meet such standards;
2. Have completed two years of supervised professional experience;
  - a. One year must be an internship, which
    - (1) Is accredited by the American Psychological Association; or
    - (2) 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.
  - b. One year must be supervised postdoctoral experience. If the postdoctoral experience is to be earned in Nebraska, it must be:
    - (1) Registered with the Department prior to commencement in accordance with 172 NAC 155-003.02;
    - (2) Under the supervision of a licensed psychologist (a special licensed psychologist can not supervise);
    - (3) 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;
    - (4) Meets the standards of supervision specified in 172 NAC155-002; and
    - (5) Compatible with the knowledge and skills acquired during formal doctoral or postdoctoral education in accordance with professional requirements and relevant to the intended area of practice;

If the postdoctoral experience is earned outside of Nebraska, it must be:

    - (1) Under the supervision of a licensed psychologist or similar title in said state;
    - (2) 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; and
    - (3) Compatible with the knowledge and skills acquired during formal doctoral or postdoctoral education in accordance with professional requirements and relevant to the intended area of practice.
3. Have passed the national standardized examination with a minimum score at the national pass score for all doctoral candidates and have passed the Board-developed jurisprudence examination with a score of at least 80%.
  - a. Applicants who are Board certified in an area of professional psychology by the American Board of Professional Psychology are not required to take the national standardized examination.
4. Have attained the age of majority and have good moral character.

**38-129. Issuance of credential; qualifications.** No individual shall be issued a credential under the Uniform Credentialing Act until he or she has furnished satisfactory evidence to the department that he or she is of good character and has attained the age of nineteen years except as otherwise specifically provided by statute, rule, or regulation. A credential may only be issued to a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.