

Mail to: Licensure Unit
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FOR LIMHP - AFFIDAVIT OF SUPERVISED EXPERIENCE
Supervisor must complete this form
DO NOT USE WHITE OUT OR ALTER THIS FORM

SECTION A: SUPERVISOR INFORMATION

1	Supervisor's Name:	First:	Middle:	Last:
2	Address Information	Street/PO/Route:		
		City:	State:	Zip:
3	Indicate the Type of License you hold:	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist <input type="checkbox"/> Independent Mental Health Practitioner License # _____ Date it was Issued to you: _____		
4	Name of person you supervised:	First:	Last:	

SECTION B: SUPERVISED EXPERIENCE

OPTION 1 or OPTION 2: If the applicant is applying under either Option 1 or 2, provide the following information:

I supervised the applicant **for at least 3,000 hours** (or more) of mental health practice experience (regardless of whether it was direct or non-direct hours), **including at least 1,500 hours** (or more) of **experience with clients diagnosed** under the major mental illness or disorder category.

Effective 7.12.2021: This supervision must include:

- (A) A review of the diagnostic criteria for clients diagnosed with major mental disorders;
- (B) Evaluative face-to-face contact with a minimum cumulative ratio of 2 hours of face-to-face contact between the supervisee and a qualified supervisor per 15 hours of contact with clients diagnosed with major mental disorders, no more than 45 hours may be accumulated without such supervision. Face to face supervision may include interactive visual imaging assisted communication which is secure and confidential;
- (C) Supervised experience, which is not considered direct client contact, includes, but is not limited to, review of client records, case conferences, direct observation, or video observation; and
- (D) A licensed mental health practitioner seeking licensure as a licensed independent mental health practitioner must receive supervision of all direct client contact where the licensee is providing services to clients with major mental disorders. This supervision must last until the person receives the credential qualifying him or her for independent practice, not just during the period of time in which the specified number of hours is obtained.

OR

I supervised the applicant for **less than 3,000 hours**.

_____ List the total number qualifying mental health practice hours you supervised this applicant

_____ How many of those hours included experience with clients diagnosed under the major mental illness/disorder category

AND The applicant's total experience must have been obtained under supervision by a licensed physician, licensed psychologist, or licensed independent mental health practitioner.

The hours listed above were earned under MY supervision: From _____ to _____.
(month/day/year) (month/day/year)

City/State where Experience was completed: _____

Supervisor Signature for OPTION 1 or 2: I state that I am the supervisor completing this form and the statements are true and complete.

Signature: _____ Date Signed: _____

(Print/type) Name of Supervisor _____

Name of person you supervised:	First:	Last:
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OPTION 3: If the applicant is applying under this option, provide the following information:

I supervised the applicant **for a total of at least 7,000** hours of mental health practice (regardless of whether it was direct or non-direct hours) and of these hours **at least 3,500 hours included experience with clients diagnosed** under the major mental illness or disorder category.

Effective 7.12.2021: This supervision must include:

1. A review of the diagnostic criteria for clients diagnosed with major mental disorders;
2. Evaluative face-to-face contact with a minimum cumulative ratio of 2 hours of face-to-face contact between the supervisee and a qualified supervisor per 15 hours of contact with clients diagnosed with major mental disorders, no more than 45 hours may be accumulated without such supervision. Face to face supervision may include interactive visual imaging assisted communication which is secure and confidential;
3. Supervised experience, which is not considered direct client contact, includes, but is not limited to, review of client records, case conferences, direct observation, or video observation; and
4. A licensed mental health practitioner seeking licensure as a licensed independent mental health practitioner must receive supervision of all direct client contact where the licensee is providing services to clients with major mental disorders. This supervision must last until the person receives the credential qualifying him or her for independent practice, not just during the period of time in which the specified number of hours is obtained.

OR

I supervised the applicant for **less than** 7,000 hours.

_____ List the total number of qualifying mental health practice hours you supervised this applicant

_____ How many of those hours included experience with clients diagnosed under the major mental illness/disorder category

AND The applicant's total experience must have been obtained in **10 years** or more and have been **supervised** by a licensed physician, a licensed psychologist, or a licensed independent mental health practitioner

The hours listed above were earned under MY supervision: From _____ to _____.
(month/day/year) (month/day/year)

City/State where Experience was completed: _____

Supervisor Signature for OPTION 3: I state that I am the supervisor completing this form and the statements are true and complete.

(Print/type) Name of Supervisor Signature: _____ Date Signed: _____