

## Reinstatement Information

### **Independent Mental Health Practitioner, Mental Health Practitioner, and Certificates for Marriage and Family Therapy, Professional Counseling, and Master Social Work**

If your license was revoked or suspended for disciplinary reasons, contact the Licensure Unit for the appropriate application

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**To reinstate your license**, you must:

1. Complete the attached application for reinstatement.
2. Have a valid Social Security #.
3. Be lawfully present in the U.S.
4. Have already completed at least 32 hours of continuing education within the previous 24 months before submitting this application.  
(A) All license and certificate holders must complete at least 4 hours of continuing education in ethics.  
(B) All licensed independent mental health practitioners must complete at least 6 hours of continuing education relating to diagnosis and treatment of major mental disorders.
5. Pay the renewal and reinstatement fees. (see application) *We do not accept credit/debit card payment.*

If you reinstate your license at this time, the expiration date will be September 1<sup>st</sup> of the even-numbered year.

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**If you are NOT a U.S. Citizen**, you must submit:

- Permanent Resident Card ("Green Card")
- Form I-94 (Arrival-Departure Record)
- Form I-94 (Arrival/Departure Record) and Unexpired Foreign Passport
- I-766: Employment Authorization Card (unexpired) AND at least one of the following documents under the Federal REAL ID Act:
  - 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 in the United States or conditional permanent resident status in the United States.
- Machine Readable Immigrant Visa
- I-20: Certificate of Eligibility for Nonimmigrant (F-1) Student Status
- DS2019: Certificate of Eligibility for Exchange Visitor (J-1) Status
- Temporary I-551 Stamp On passport or I-94
- I-327: Reentry Permit
- I-571: Refugee Travel Document
- Other document that shows current immigration status.

**NOTE:** Documents are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

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**Practice After Expiration Date:** If you practiced mental health or represented yourself as a CMFT, CPC, or social worker after the expiration date of your license/certificate and prior to reinstatement, you are subject to an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations governing your profession.

Additionally, if you committed any other violation of the statutes or regulations governing your practice, the Department may deny the application for reinstatement or reinstate your license to active status and impose limitation(s) or other disciplinary actions on your license.

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**Questions:** If you have any questions regarding the procedure for reinstatement, please contact the Licensure Unit, at (402) 471-2117 or by email at [DHHS.licensure2117@nebraska.gov](mailto:DHHS.licensure2117@nebraska.gov)

Licensure Unit  
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986  
 Telephone #: 402-471-2117  
 E-Mail: DHHS.Licensure2117@nebraska.gov

**MENTAL HEALTH PRACTICE  
 REINSTATEMENT APPLICATION**

Expiration Date:

Date of License:

**LICENSE/CERTIFICATE TYPE:** Identify the credentials and Credential # you are requesting reinstatement.

<input type="checkbox"/> Licensed Independent Mental Health Practitioner	License # _____	<input type="checkbox"/> Marriage & Family Therapist	Certificate # _____
<input type="checkbox"/> Licensed Mental Health Practitioner	License # _____	<input type="checkbox"/> Professional Counselor	Certificate # _____
		<input type="checkbox"/> Master Social Worker	Certificate # _____

**MILITARY SERVICE:** If you meet the following definition of 'military', you are NOT required to pay the renewal fee or meet the continuing competency requirements. **(You must check the box and submit the requested document)**

<input type="checkbox"/>	<b>Military:</b> I have served in the regular armed forces of the United States or am actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately preceding the biennial renewal date. (You must attach your military orders)
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**Applicants must complete ALL sections of this application**

**SECTION A: PERSONAL INFORMATION**

1	Legal Name:	First:	Middle/MI:	Last:
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For **name changes**, you must submit a copy of marriage certificate, divorce decree, court order, etc. If not submitted, the license will be issued in the name as printed above.

2	Mailing Address:	Street/PO/Route:		
	<input type="checkbox"/> Check this box if NEW address	City:	State or Country:	Zip:

3	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):
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4	Phone #:	E-Mail Address:
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To reinstate your license, you must have a valid Social Security Number

5	Social Security Number (SSN):	
	If you also have an A# or I-94#, check the correct box and provide your number:	<input type="checkbox"/> Alien Registration Number ("A#"): _____ <input type="checkbox"/> I-94 #: _____

Neb. Rev. Stat. §§38-123 and 38-130 requires that you provide 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.

**SECTION B: CONVICTION AND LICENSE/CERTIFICATE INFORMATION**

Failure to list any convictions or disciplinary action could result in disciplinary action against your license.

1 Were you convicted of a misdemeanor or felony in any state/jurisdiction since your license was last renewed (or since you received your initial license if such was within the past 24 months).  
 Yes  No

If you answer **YES** to this question, you must submit the following documents to the Licensure Unit:

- A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

If you had an alcohol and drug evaluation and/or completed treatment, to assist the Board and Department in review of any drug and/or alcohol conviction(s), the treatment provider must submit all evaluations/discharge summaries directly to the Department.

List below misdemeanor or felony convictions

Name of Conviction	Date of Conviction	Name of Court

**NOTE:** If you have any criminal charges or credential disciplinary actions pending that result in misdemeanor or felony conviction or license discipline, you must report such actions to of Division of Public Health Office of Investigation within 30 days of the conviction or disciplinary action (Neb. Rev. Stat. 38-1,125). Reporting forms are available at: <https://dhhs.ne.gov/Pages/Investigations.aspx>

**License/Examination Information:**

The following questions relate to a license/certificate/registration that you currently **hold or have held** to provide health related services in a state/jurisdiction **other** than Nebraska.

		Yes	No			
2	Do you hold or have you held a license in any state?  <i>If you answer 'yes' to this question, you <u>must</u> respond to question 2a</i>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of credential do you hold?	
2a	If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?  <i>If you answered YES to this question, you must submit Official Documents from the State Board in which the disciplinary action was taken.</i>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Credential Action	Date of Action	Name of State taking Action
3	Have you ever been denied the right to take a credentialing examination in any state?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

**SECTION C: CONTINUING EDUCATION**

You must have already completed **32** hours of continuing education within the previous 24 months, of which 2 relate to mental health ethics, (if reinstating your LIMHP or LMHP) before submitting this application for reinstatement.

**CONTINUING EDUCATION COMPLETED:**

<input type="checkbox"/> Yes	Have you met the continuing education requirements for your profession? If no, you may qualify for a waiver under the 'waiver' section below.
<input type="checkbox"/> No	

**WAIVER OF CONTINUING EDUCATION HOURS:** If you **have not** completed the continuing education and you qualify for a waiver, check the appropriate reason below:

	<b>Initial License:</b> I was first licensed within the previous 24 months before submitting this application for reinstatement.						
<input type="checkbox"/>	<p><b>Circumstances Beyond My Control:</b> I was not able to complete my continuing education requirement due to circumstances beyond my control.</p> <p>Waivers of continuing education may be considered for circumstances lasting longer than 30 consecutive days that DHHS determines are beyond your control. Such circumstances can include, but are not limited to, a shortage of available continuing competency courses resulting from an officially declared state of emergency.</p> <p><b>Submit</b> the following information:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 45%;">1. Did this last longer than 30 consecutive days?</td> <td></td> </tr> <tr> <td>2. List the reason(s) you were not able to complete the required continuing education.</td> <td></td> </tr> <tr> <td>3. Are you requesting a waiver of the total hours of continuing education, or a partial waiver? If partial waiver, how many hours are your requesting be waived?</td> <td></td> </tr> </table>	1. Did this last longer than 30 consecutive days?		2. List the reason(s) you were not able to complete the required continuing education.		3. Are you requesting a waiver of the total hours of continuing education, or a partial waiver? If partial waiver, how many hours are your requesting be waived?	
1. Did this last longer than 30 consecutive days?							
2. List the reason(s) you were not able to complete the required continuing education.							
3. Are you requesting a waiver of the total hours of continuing education, or a partial waiver? If partial waiver, how many hours are your requesting be waived?							

**Documentation (if requested above) must be provided to support your request for waiver of continuing education. If the specified documentation is not submitted, review and processing of your reinstatement cannot occur.**

**SECTION D: PRACTICE OR USE OF A PROTECTED TITLE AFTER EXPIRATION**

An individual who practices or uses a protected title in Nebraska prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations governing mental health practice.

1	<p><b>Mental Health Practitioner:</b></p> <p><input type="checkbox"/> <b>No.</b> I <b>have NOT</b> practiced mental health in Nebraska after the expiration of my license?</p> <p><input type="checkbox"/> <b>Yes.</b> I <b>have</b> practiced mental health in Nebraska after the expiration of my license?</p>
2	<p><b>Independent Mental Health Practitioner:</b></p> <p><input type="checkbox"/> <b>No.</b> I <b>have NOT</b> provided independent mental health services in Nebraska after the expiration of my license?</p> <p><input type="checkbox"/> <b>Yes.</b> I <b>have</b> provided independent mental health services in Nebraska after the expiration of my license?</p>
3	<p><b>Social Work, Marriage and Family Therapy, Professional Counseling:</b></p> <p><input type="checkbox"/> <b>No.</b> I <b>have NOT</b> used the title Social Worker, Certified Marriage and Family Therapist or Certified Professional Counselor in Nebraska after the expiration of my certificate?</p> <p><input type="checkbox"/> <b>Yes.</b> I <b>have</b> used the title Social Worker, Certified Marriage and Family Therapist or Certified Professional Counselor in Nebraska after the expiration of my certificate?</p>
<p>If <b>YES</b> to any of the questions above, what are the actual number of days you practiced mental health or used the title social worker, certified marriage and family therapist, or certified professional counselor in Nebraska after the expiration?</p>	
<p>Number of days:</p>	

**SECTION E: ATTESTATION**

For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below): **I attest that:**

- I am a citizen of the United States.
- I am **NOT** a citizen of the United States. I am a qualified alien under the federal Immigration and Nationality Act, or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
- I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

**I further attest that:**

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: \_\_\_\_\_

**FEES DUE: If reinstating the only the LIMHP OR LMHP, fees are listed below**

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
<b>Even Numbered Year</b>	\$190	\$190	73.75	73.75	73.75	73.75	73.75	73.75	\$190	\$190	\$190	\$190
<b>Odd Numbered Year</b>	\$190	\$190	\$190	\$190	\$190	\$190	\$190	\$190	\$190	\$190	\$190	\$190

**FEES DUE: If reinstating an additional license or certificate, you must pay the fee listed below for each additional credential:**

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
<b>Even Numbered Year</b>	\$85	\$85	\$60	\$60	\$60	\$60	\$60	\$60	\$85	\$85	\$85	\$85
<b>Odd Numbered Year</b>	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85

Example of fees:

1. I hold a LIMHP, LMHP, and CMSW; it's January 2022 and I wish to reinstate all 3 credentials. The fees due are: LIMHP (\$190) + LMHP (\$85) + CMSW (\$85) = total due for all 3 credentials (\$360)
2. I hold a LIMHP, LMHP, and CMSW, its March 2022 and I wish to reinstate only 2 of the credentials. The fees due are: LIMHP (\$73.75) + CMSW \$60) = total due for 2 credentials (\$133.75)

Make payable by **check or money order** to "Licensure Unit".

*We do not accept credit/debit card payment*

**When approved, to print your reinstated wallet card go to:** <https://www.nebraska.gov/LISSearch/search.cgi>