

Licensure Unit
 PO Box 94986
 Lincoln, NE 68509-4986
 402-471-2117 Fax: (402) 742-1106
 Email: DHHS.Licensure2117@nebraska.gov

Renewal Application Independent Mental Health Practitioner Mental Health Practitioner

Marriage and Family Therapist, Professional Counselor,
 and Master Social Worker

ONLINE RENEWAL: You may renew your license online at <https://nebraska.mylicense.com/> To register you will need your license number, your social security number and a credit or debit card with a MasterCard or Visa logo.

SECTION A: LICENSE INFORMATION:			
License #:			
Name: <input type="checkbox"/> If this is a CHANGE in name, check the box	First:	Middle:	Last:
	Name Changes: If your name has changed, submit a photocopy of your marriage certificate, court order, etc., so we can change your name on our records.		
Address: <input type="checkbox"/> If this is a NEW address, check the box			
City/State/Zip:	City:	State:	Zip:
Phone/E-mail:	Phone: _____		E-mail: _____
To renew your license, you must have a valid Social Security Number or Alien Registration Number.			
Social Security Number:		Alien Registration Number OR I-94#:	
SS#: Neb. Rev. Stat. §38-123 requires disclosure of 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: FEES & STATUS Make check/money Order payable to 'Licensure Unit' (You will not receive a receipt)															
<p>Check Requested Status and License Type(s):</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>INDEPENDENT Mental Health Practice License AND LMHP: I am renewing both licenses.</p> <p><input type="checkbox"/> LIMHP Active \$ 50</p> <p><input type="checkbox"/> MHP Active \$155</p> <p style="text-align: center;">TOTAL = \$205 to renew both licenses</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>INDEPENDENT Mental Health Practice License: I am renewing ONLY this license.</p> <p><input type="checkbox"/> LIMHP Active \$155</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Mental Health Practice License: I am renewing ONLY this license:</p> <p><input type="checkbox"/> MHP Active \$155</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Inactive & Military Status - No Fee Required</p> <p><input type="checkbox"/> Inactive - LIMHP <input type="checkbox"/> Inactive - LMHP</p> <p>I choose inactive status for my license. I cannot practice my profession in Nebraska after 12.31.2020. There is no fee or continuing education requirement for inactive status.</p> <p><input type="checkbox"/> Active – Military: I choose Active-Military status. We encourage you to check with your employer before choosing active-military. I served for 30 consecutive days on full-time active duty or approved leave after 9.1.2018. Military service is defined as full-time duty in the active military of the United States, a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. I understand that I may be required to submit a copy of my military orders to the DHHS Licensure Unit. There is no fee or continuing education required.</p> </div>	<p>Certificate Fees & Status:</p> <p>If you hold an additional certificate, check requested status, certificate type and list your cert #. If you hold more than 1 certificate, the fee applies to EACH certificate:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center; vertical-align: bottom;">Cert #:</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> PC</td> <td style="border: 1px solid black; width: 150px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> \$50 Active <input type="checkbox"/> Inactive, No Fee</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> MFT</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> \$50 Active <input type="checkbox"/> Inactive, No Fee</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> MSW</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> \$50 Active <input type="checkbox"/> Inactive, No Fee</td> <td style="border: 1px solid black;"></td> </tr> </table>		Cert #:	<input type="checkbox"/> PC		<input type="checkbox"/> \$50 Active <input type="checkbox"/> Inactive, No Fee		<input type="checkbox"/> MFT		<input type="checkbox"/> \$50 Active <input type="checkbox"/> Inactive, No Fee		<input type="checkbox"/> MSW		<input type="checkbox"/> \$50 Active <input type="checkbox"/> Inactive, No Fee	
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INACTIVE STATUS: If you choose Inactive Status, you cannot practice, but may represent yourself as holding an inactive license or certificate. To change from Inactive to Active Status, you must complete a reinstatement application, pay the reinstatement and renewal fees, meet the continuing education, and any other requirement in effect at the time the status change is requested.

Renewal Questions:

Continuing Education:	
<p>On August 26, 2021, Governor Pete Ricketts issued Executive Order 21-12 which suspends the Continuing Education requirements as a requirement for this renewal for independent mental health practitioners, mental health practitioners, marriage and family therapists, professional counselors, and social workers.</p>	
Conviction:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>I was convicted of a misdemeanor or felony after 9.1.2018</p> <p>If you have a conviction, You must submit the following:</p> <ol style="list-style-type: none"> 1. A copy of the court record for each conviction (if they occurred in a State other than Nebraska); 2. Your explanation of the events leading to each of the convictions (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions; 3. If currently on probation, a letter from your probation officer addressing the terms and current status of your probation. <p>NOTE: 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.</p>
Other License(s):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>I was licensed by another state(s) to provide health-related or environmental services after 9.1.2018</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If you are licensed in another state, has it been denied, refused renewal, or disciplined after 9.1.2018</p> <p>Disciplinary Action: If your license from a different state (NOT NEBRASKA) has been revoked, suspended, limited, placed on probation, or disciplined in any way in the last 2 years, and you haven't reported it yet, we need an official copy of the disciplinary action that includes charges and disposition.</p> <p>NOTE: ALL license disciplinary actions must be reported within 30 days of the conviction/action. Failure to report may result in disciplinary action against your Nebraska license.</p>
Citizenship/Lawful Presence (Answer yes to only ONE of the questions below):	
<input type="checkbox"/> Yes	<p>I am a citizen of the United States.</p>
<input type="checkbox"/> Yes	<p>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.</p>
<input type="checkbox"/> Yes	<p>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</p>
<p>Not a Citizen: If you are NOT a citizen of the United States, submit a copy of your evidence of lawful presence, such as a permanent resident card, Form I-94, asylum document, etc. OR an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.</p>	

Attestation:

<p>I Attest that:</p> <ol style="list-style-type: none"> 1. I have read the renewal application or have had the renewal application read to me; and 2. I am of good character and all statements on this renewal application are true and complete. <p>Signature: _____ Date: _____</p> <p>We NO LONGER send the paper renewed license card; to PRINT YOUR RENEWED CARD go to: dhhs.ne.gov/lookup</p>	
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We will process your renewal as quickly as possible, but it may take up to 5-10 working days to process. You can check your renewal status at dhhs.ne.gov/lookup. When your renewal date changes, that means your license has been renewed, and you can print your wallet card. We will contact you if additional documentation is needed. We cannot renew your license until we have ALL of the required documentation.