
Reciprocity Requirements:

1-year Practice: You must have been in the active and continuous practice of mental health, marriage and family therapy, counseling, or social work under a credential in another State, Territory or District of Columbia for at least 1 year **AND** have been actively engaged in the practice under such credential OR in an accepted residency or graduate training program for at least 1 of the 3-years immediately prior to the application for a Nebraska credential.

OR

5-years Practice: You must have been in active practice in the appropriate license type for at least 5 years following initial licensure in another State, Territory or District of Columbia and must pass the Nebraska jurisprudence examination.

Licenses: Nebraska offers 2 types of mental health practice licenses:

- Independent Mental Health Practitioner
- Mental Health Practitioner

Certificates: Nebraska offers certificates in social work, professional counseling and marriage and family therapy.

The term 'social worker' 'certified professional counselor' and 'certified marriage and family therapist' **is title protected**, which means, if you WISH TO USE ANY OF THESE TITLES, you must also obtain the applicable certification(s).

Scope of Practice: Read the following information carefully to help you decide which license best matches the current license you hold in another state. **Note: the Independent license allows you to diagnose major mental illnesses or disorders.**

1. Independent mental health practice license: (1) Independent mental health practice includes the provision of treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations.

(2) **Independent mental health practice includes diagnosing major mental illness or disorder**, using psychotherapy with individuals suspected of having major mental or emotional disorders, or using psychotherapy to treat the concomitants of organic illness, with or without consultation with a qualified physician or licensed psychologist.

(3) Independent mental health practice does not include the practice of psychology or medicine, prescribing drugs or electroconvulsive therapy, treating physical disease, injury, or deformity, or measuring personality or intelligence for the purpose of diagnosis or treatment planning.

2. Mental health practice license: (1) Mental health practice includes the provision of treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations.

(2) Mental health practice license **does not include:**

(a) The practice of psychology or medicine;

(b) Prescribing drugs or electroconvulsive therapy;

(c) Treating physical disease, injury, or deformity;

(d) Diagnosing major mental illness or disorder **except in consultation** with a qualified physician, a psychologist licensed to engage in the practice of psychology as provided in section 38-3111, or a licensed independent mental health practitioner;

(e) Measuring personality or intelligence for the purpose of diagnosis or treatment planning;

(f) Using psychotherapy with individuals suspected of having major mental or emotional disorders except in consultation with a qualified physician, a licensed psychologist, or a licensed independent mental health practitioner; or

(g) Using psychotherapy to treat the concomitants of organic illness except in consultation with a qualified physician or licensed psychologist.

(3) Mental health practice includes the initial assessment of organic mental or emotional disorders for the purpose of referral or consultation.

NOTE: Consultation means a professional collaborative relationship between a licensed mental health practitioner and a consultant who is a psychologist licensed to engage in the practice of psychology in this state or as provided in similar provisions of the Psychology Interjurisdictional Compact, a qualified physician, or a licensed independent mental health practitioner in which (1) the consultant makes a diagnosis based on information supplied by the licensed mental health practitioner and any additional assessment deemed necessary by the consultant and (2) the consultant and the licensed mental health practitioner jointly develop a treatment plan which indicates the responsibility of each professional for implementing elements of the plan, updating the plan, and assessing the client's progress.

Information for Military Spouses:

Temporary License: If you have an **active mental health practice credential (or similar license)** in another state and you are a military spouse, you may be issued a temporary license pending completion of the permanent licensing requirements. A temporary license for military spouses is available under Neb. Rev. Stat. §38-129.01 and is issued for a period not to exceed 1-year. Please review the following documents required to obtain a temporary license and those listed for a license to determine which process is right for you.

To apply for this temporary license, you must **be a resident of Nebraska** and submit the following:

- The license fee and attached application (completed);
- A copy of your military dependent identification card identifying you as the spouse of an active duty member of the United States Armed Forces;
- A copy of your spouse's military orders reflecting an active-duty assignment in Nebraska;
- A copy of your mental health practice license (or similar licensed) from another state or jurisdiction; and
- A copy of the statutes, rules, and regulations governing the license from the other state or jurisdiction which provides the standards that are similar to Nebraska's mental health practice requirements.
- The license fee (unless you qualify for a fee waiver).

License Fee Waiver: Starting January 1, 2020, if you meet one of the following waiver options, your initial license fee **is waived**:

1. **Young Worker:** You are between the ages of 19 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
 - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
 - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
 - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

Use the following checklist to help organize your application.

DO NOT USE WHITE OUT ON YOUR APPLICATION.
If you do, it will be returned to you.

Checklist of Required Documents:

1. **US Citizenship/Lawful Presence** (must be at **least 19** years old):

U.S. Citizen, a PHOTOCOPY of one of the following:

- Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted).
- U.S. Passport (unexpired or expired).
- Certificate of Naturalization.
- Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.

NOT a U.S. Citizen, 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;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- 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; or
 - 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.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

2. **Examination:** You must submit an **official** copy of your examination scores to this office. To be official they must come directly from the testing agency or another licensure board. **(This requirement does not apply if you are making application based on 5 years of practice in another jurisdiction; however, you are required to successfully pass the Nebraska Jurisprudence Examination).**

The following identifies the examination required based on the degree you hold:

- a. **Social Work Degree or Equivalent Degree:**
Must have passed the Clinical Category of the ASWB examination; pass score is 75.
 - b. **Marriage and Family Therapy Degree or Equivalent Degree:**
Must have passed the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) examination.
 - c. **Counseling Related Degree:**
Must have passed the National Board of Certified Counselor's National Counselor Examination (NBCC/NCE) or the National Clinical Mental Health Counselor Examination (NBCC/NCMHCE).
3. **Education:** **(This does not apply if you are making application based on 5 years of practice in another state)**

Transcript: An official college or university transcript verifying receipt of a master's or doctoral degree which the degree focus is primarily therapeutic mental health. This transcript may be submitted with your application in a sealed envelope or send directly by your school either by mail or electronically to dhhs.licensure2117@nebraska.gov.

Coursework: If you received a master's/doctoral degree **from a program other than those listed below, you must submit a syllabus for each course listed on the application and it must be from the time you completed that course.**

- Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
- Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Council on Social work Education (CSWE)
- Council on Rehabilitation Education (CORE)
- The American Psychological Association (APA) for a doctoral degree program enrolled in by a person who has a master's degree or its equivalent in psychology

NOTE: Applicants for the Independent Mental Health Practice license must have completed at least 60 semester hours in a counseling related program (refer to pages 8-11 of the application).

Practicum/Internship: You must submit the affidavit of practicum/internship (page 6 of the application) or evidence that the other state required substantially equivalent requirements. **This practicum or internship must have been completed as part of your degree program (not as work experience after your degree was issued).**

NOTE: Applicants for the **Independent Mental Health Practice** license must have completed at least 700 clock hours of Practicum and/or Internship as part of his/her master's or doctoral degree program, which included at least 280 hours of direct service with clients.

Information Relating to Military Education, Training, or Service:

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

4. **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

If you have convictions, you must submit:

- (i) 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;
(ii) 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
(iii) 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.

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

5. **Other Licensing Information:** Since you hold or have held a credential to provide health or environmentally related services in a state/jurisdiction **other than Nebraska**, you must request that a certification of each credential you hold/held be submitted to our office from the State Licensing Board(s) (even if that credential is no longer current). **You must also provide a copy of the statutes and or regulations regulating your profession in the jurisdiction/state that you are reciprocity from to prove they are equivalent to those required in Nebraska.**

Disciplinary Action: If you have had any disciplinary action(s) taken against your credential, you must submit a copy of the disciplinary action(s), including charges and findings.

6. **Fees:** See the application for a listing of fees (unless you qualify for a fee waiver). **Pay by check or money order (your cancelled check is your proof of receipt).** We are **unable to accept electronic payments**. Check should be made payable to: Licensure Unit.
Please note: payment is processed upon receipt.

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.

Application Processing:

You must submit your application with the fee (see page 1 of the application for fees). **It may be mailed, or hand-delivered to our office.** Our address is listed below, in Contact information.

You can verify receipt and issuance of your application at the following web site: <https://www.nebraska.gov/LISSearch/search.cgi> If your file shows '**status: pending**', your application has been received by the Department and is in the review process.

All applications will be reviewed in date order received. Once reviewed, you will receive an e-mail or letter within approximately 10 days advising you that your license has been issued or that your application is incomplete. If incomplete, you will be informed of how to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

Contact Information: Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska
68509-4986 Telephone: 402-471-4905 / FAX: 402-742-1106 / E-Mail: dhhs.licensure2117@nebraska.gov



RECIPROCITY APPLICATION

LICENSED INDEPENDENT and/or MENTAL HEALTH PRACTITIONER CERTIFICATION as CMFT, CPC, and/or CMSW

Licensure Unit

P. O. Box 94986 - Lincoln, NE 68509-4986
(402) 471-4905
dhhs.licensure2117@nebraska.gov

You must complete all sections of this application

Check below the type of license/certification that you are requesting:

License:

Fees:

<input type="checkbox"/> Independent Mental Health Practitioner (LIMHP) <input type="checkbox"/> Mental Health Practice License (LMHP)	<p><u>If applying for ONLY 1 license type:</u> \$155 or \$38.75 (if applying March-August Even # Year)</p> <p><u>If applying for BOTH LIMHP & LMHP license types:</u> \$205 or \$63.75 (if applying March-August Even # Year)</p>
---	---

Certifications:

Fees:

<input type="checkbox"/>	Marriage and Family Therapist	If requesting CMFT, you must also be applying for or have a MHP or Independent MHP License in Nebraska)	\$50 \$25 (if applying March-August Even # Year)
<input type="checkbox"/>	Professional Counselor	If requesting CPC, you must also be applying for or have a MHP or Independent MHP license in Nebraska)	\$50 \$25 (if applying March-August Even # Year)
<input type="checkbox"/>	Master Social Worker	If requesting CMSW and will be providing mental health services, must also be applying for or have a MHP or Independent MHP license in Nebraska)	\$50 \$25 (if applying March-August Even # Year)
<input type="checkbox"/>	<p>Master Social Work Certification Only (NOT requesting a MHP or Independent MHP License)</p> <p><u>If you select this certification</u> and do not request or hold a Nebraska mental health practice license, you cannot provide mental health therapy; you may <u>ONLY</u> provide social work activities. A description of Social work activities can be found at: https://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-094.pdf</p>		\$125 \$31.25 (if applying March-August Even # Year)

Make fee payable to: Licensure Unit

NOTE: All credentials expire 9/1 of even years

A. Fee Waiver: If you meet one of the following fee waivers, your initial license fee **is waived**. **Check only one waiver:**

- Young Worker:** I am under 26 years old.
- Low-income Individual:**
 - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program,

OR

 - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

B. Fee Required if YOU DO NOT qualify for one of the above fee waivers you must pay the fee listed in the chart below. Review the charts to determine the fee required based on the month and year in which your license **will be issued**

Pay by check or money order to: Licensure Unit

Your cancelled check is your proof of payment.
Payment is processed upon receipt.
Debit or credit card is not accepted.

Check either 1 year or 5 years of practice:

RECIPROCITY BASED ON 1 YEAR OF PRACTICE

I have at least 1 year of practice following initial licensure in another state, within the 3 years immediately prior to this application.

RECIPROCITY BASED ON 5 YEARS OF PRACTICE

I have at least 5 years of practice following initial licensure in another state.

Military Spouse:

Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in Nebraska?

Yes No

Temporary Military Spouse License: If you checked YES, are you applying for a temporary license as a military spouse? If you check yes, you must have an active independent mental health practice credential (or similar license) in another state and meet the requirements and include all documentation identified in the instructions under 'information for military spouses'.

Yes No

SECTION A: PERSONAL INFORMATION

1				You must print your Legal Name below			
First:		Middle:		Last Name:			
List any other names, you are or have ever been known as (AKA) including maiden name and your last name on your birth certificate.							
2		Address: (where we can send license information)					
		Street/PO/Route:		City:		State or Country:	
				Zip:			
3		Date of Birth (Month/Day/Year):		Place of Birth (City/State or COUNTRY):			
4		Phone #:		Additional Phone #: (optional)*			
5		E-Mail Address:					
6		Social Security Number:		Alien Registration Number ("A#"):			
		If you have an A# or I-94# check the correct box(s) and provide your number		I-94#:			
<p><u>Neb. Rev. Stat. §§38-123 and 38-130</u> requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.</p>							
7		Have you ever been denied the right to take a license examination in any State?		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			

SECTION B: EXAMINATION CATEGORY (This requirement does not apply if you are making application based on 5 years of practice in another jurisdiction).			
1	Examination Type (Check all that apply)		
<input type="checkbox"/>	National Board for Certified Counselor Examination (NBCC)	NCE <input type="checkbox"/>	NCMHCE <input type="checkbox"/>
<input type="checkbox"/>	Association of Marital and Family Therapy Regulatory Boards (AMFTRB) Examination		
<input type="checkbox"/>	American Association of State Social Work Boards (AASSWB)	Clinical <input type="checkbox"/>	Advanced <input type="checkbox"/> Level C <input type="checkbox"/>
<input type="checkbox"/>	Other Examination, Name:		
2	Date of Examination:		

SECTION C: EDUCATION
(This requirement does not apply if you are making application based on 5 years of practice in another jurisdiction).

YOU MUST SUBMIT an official transcript verifying receipt of your master's or doctorate degree. This transcript may be submitted with your application in a sealed envelope or by your college/university electronically to dhhs.licensure2117@nebraska.gov.

Name of College/University:			
Type of Degree Received:			
Date of Degree:		Degree Major:	

Check applicable accreditation, if you received a master's or doctorate degree from one of the following accredited programs:

<input type="checkbox"/>	Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
<input type="checkbox"/>	Council for Accreditation of Counseling and Related Educational Programs (CACREP)
<input type="checkbox"/>	Council on Social work Education (CSWE)
<input type="checkbox"/>	Council on Rehabilitation Education (CORE)
<input type="checkbox"/>	The American Psychological Association (APA) for a doctoral degree program enrolled in by a person who has a master's degree or its equivalent in psychology

Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the military, you may submit such evidence with your application for review.

SECTION D: CONVICTION, LICENSE, AND PRACTICE INFORMATION
Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

CONVICTION INFORMATION: You must list **ALL** misdemeanor or felony convictions (regardless of when they occurred or whether you previously listed them on a prior application); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

1	Have you EVER been convicted of a misdemeanor or felony?	Type of Crime	Date of Action	Name of Court / Entity Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

NOTE: If you have any criminal charges or credential disciplinary actions pending that result in a conviction or credential discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action.** Reporting forms can be obtained at: <https://dhhs.ne.gov/pages/Investigations.aspx> or by phone 402-471-0175.

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

2	What state(s) are/were you credentialed in?	What type of credential(s) do you hold or have you held?		
3	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Licensure Action	Date of Action	Name of Entity Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you have disciplinary charges pending or if your credential has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.				

PRACTICE, RESIDENCY, OR GRADUATE PROGRAM:

1-year Practice: You must have been in the active and continuous practice of mental health, marriage and family therapy, counseling, or social work under a credential in another State, Territory or District of Columbia for at least 1 year **AND** have been actively engaged in the practice under such credential OR in an accepted residency or graduate training program for at least 1 of the 3-years immediately prior to the application for a Nebraska credential.

OR

5-years Practice: You must have been in active practice in the appropriate license type for at least 5 years following initial licensure in another State, Territory or District of Columbia and must pass the Nebraska jurisprudence examination.

4	<u>ACTIVE PRACTICE:</u> List below the location, address, and dates actively engaged in the practice of mental health.		
	Facility	Address	Dates

OR

5	<u>RESIDENCY OR GRADUATE PROGRAM:</u> List the name of the facility or graduate program, address, and dates actively engaged in the practice of mental health.		
	Facility or Graduate Program	Address	Dates

SECTION E: PRACTICE OR USE OF A PROTECTED TITLE PRIOR TO BEING CREDENTIALLED BY NEBRASKA

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 If applying for a Mental Health Practitioner:

- No. I have NOT** practiced mental health in Nebraska without a credential before submitting this application?
- Yes. I have** practiced mental health in Nebraska without a credential before submitting the application?

2 If applying for an Independent Mental Health Practitioner:

- No. I have NOT** provided independent mental health services in Nebraska without a credential or without supervision before submitting this application?
- Yes. I have** provided independent mental health services in Nebraska without a credential or without supervision before submitting the application?

3 Social Work, Marriage and Family Therapy, Professional Counseling:

- No. I have NOT** used the title Social Worker, Certified Marriage and Family Therapist or Certified Professional Counselor in Nebraska without a credential before submitting this application?
- Yes. I have** used the title Social Worker, Certified Marriage and Family Therapist or Certified Professional Counselor in Nebraska without a credential before submitting this application?

If **YES** 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 without a credential and what is the business name, location and telephone number of the practice:

Number of days:

Name of Business:

City:

Telephone #:

SECTION F: 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. I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____

Date: _____

Note: If applying based on Reciprocity with 5 years of practice, you are not required to complete pages 6-16

Licensure Unit

P. O. Box 94986 - Lincoln, NE 68509-4986
 (402) 471-4905
dhhs.licensure2117@nebraska.gov

**The Practicum or Internship Supervisor or Director
 MUST complete this form.**

**MASTER'S/DOCTORATE PRACTICUM OR
 INTERNSHIP VERIFICATION**
 (This form is NOT required if you are making application based on
 5 years of practice in another jurisdiction).

This practicum or internship must have been completed as part of your degree program
(Work experience gained after the degree was issued, is not acceptable towards the practicum/internship)

SUPERVISOR INFORMATION:

Name of Supervisor: _____ License Type: _____ License #: _____

Name of Applicant: _____

The practicum/internship was completed at: _____ (name of business),
 in _____ (city) _____ (state).

SUPERVISED HOURS:

- Direct client contact is contact between the practicum student and a client system, including collateral contacts, while providing mental health services. Supervisory sessions involving only the practicum student and supervisor and any artificial situation where a person presents a problem, such as role playing, is not direct client contact.
- Face to face supervision may include in-person or interactive visual imaging assisted communication which is secure and confidential.

Mental Health Practitioner:

Check this box if the applicant is applying for a Mental Health Practitioner License.

I verify that the above named applicant has completed a minimum of 300 clock hours of supervised direct client contact; of these 300 hours, 150 clock hours were face-to-face in a work setting.

Independent Mental Health Practitioner:

Check this box if the applicant is applying for an Independent Mental Health Practitioner License.

I verify that the above named applicant has completed a minimum of at least 700 clock hours of Practicum and/or Internship as part of his/her master's or doctoral degree program, which included at least 280 hours of direct service with clients.

Marriage and Family Therapy:

Check this box if the applicant is also applying for a marriage and family therapy certification.

I verify that the above named applicant has completed at least 300 clock hours of supervised direct client contact with individuals, couples and families. Of these 300 hours, no more than 150 hours were with individuals.

ATTESTATION: I state that I am the person completing this form and the statements are true and complete.

I further verify that the applicant has completed a **practicum/internship as part of his/her Master's Degree Program**, including the clock hours listed above, providing mental health services under supervision.

 Date

 (Print/Type) Name of Supervisor or Internship Director

 SIGNATURE OF SUPERVISOR or INTERNSHIP DIRECTOR

(This section is NOT required if you are making application based on 5 years of practice in another jurisdiction).

SECTION G - MENTAL HEALTH PRACTICE COURSEWORK

COMPLETE THIS COURSEWORK INFORMATION IF YOU ARE REQUESTING A MENTAL HEALTH PRACTICE LICENSE

ACCREDITED PROGRAMS: If your program is accredited by one of the following, you **ARE NOT** required to complete the following coursework information.

- Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
- Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Council on Social work Education (CSWE)
- Council on Rehabilitation Education (CORE)
- The American Psychological Association (APA) for a doctoral degree program enrolled in by a person who has a master's degree or its equivalent in psychology

NON-ACCREDITED PROGRAM: If you received a masters' or doctorate degree from a program **OTHER THAN** those listed as accredited:

1. Your degree must consist of course work and training which was primarily therapeutic mental health in content.
2. Your degree must be from an institution of higher education approved by the Council for Higher Education Accreditation (CHEA) or its successor.
You must submit course descriptions for each course(s) listed below from the time you completed such course; a syllabus is preferred and must be from the time you completed each course.

An official course description must be attached for each course listed.

(LIST the name of the course, the course number and the name of the institution in which the course was completed).

PRACTICUM OR INTERNSHIP (must be part of your degree)

Course Definition: (If completed after September 1, 1995, the practicum or internship must include a minimum of 300 clock hours of direct client contact of which 150 clock hours must be face-to-face in a work setting under the supervision of a qualified supervisor – Any artificial situation where a person presents a problem, such as role playing, is not acceptable)

Your supervisor or internship director must submit Page 5 of this application to verify completion of the practicum/internship requirement.

Name of Course	Course Number	College/University

If your **practicum** was **completed prior to September 1, 1995**, there is no hour requirement and Page 5 of this application is not required to be completed or submitted; however, you must still list the practicum/internship above.

Coursework Areas Required by Nebraska

1. THEORIES AND TECHNIQUES OF HUMAN BEHAVIOR INTERVENTION: (6 semester hours or 9-quarter hours)

Course Definition: Courses that cover therapeutic techniques and strategies for human behavioral intervention. This includes major contributions of the biological, behavioral, cognitive, and social sciences relevant to understanding assessment and treatment of the person and his/her environment with emphases on the social systems framework, personality theories and individual development through the life cycle, and their application.

Name of Course(s)	Course Number	College/University

2. PROFESSIONAL ETHICS AND ORIENTATION: (3 semester hours or 4.5-quarter hours)

Course Definition: The application of ethical and legal issues to the practice. Examples are: family law, codes of ethics, boundaries, peer review, record keeping, confidentiality, informed consent, and duty to warn.

Name of Course(s)	Course Number	College/University

3. ASSESSMENT TECHNIQUES REQUIRED FOR MENTAL HEALTH PRACTICE: (3 semester hours or 4.5-quarter hours)

Course Definition: Includes the process of collecting pertinent data about client or client systems and their environment and appraising the data as a basis for making decisions regarding treatment and/or referral. Examples are ability to make a clinical diagnostic impression, knowledge of psychopathology, and assessment of substance abuse and other addictions.

Name of Course(s)	Course Number	College/University

4. HUMAN GROWTH AND DEVELOPMENT: (3 semester hours or 4.5-quarter hours)

Course Definition: The integration of the psychological, sociological and biological approaches within the life cycle. Examples are awareness of culture, gender, or human sexuality at developmental levels, human behavior (normal and abnormal), personality theory, and learning theory.

Name of Course(s)	Course Number	College/University

5. RESEARCH AND EVALUATION: (3 semester hours or 4.5-quarter hours)

Course Definition: Includes such areas as statistics or research design and development of research and demonstration proposals.

Name of Course(s)	Course Number	College/University

Undergraduate Courses:

Undergraduate courses can only be considered if the Graduate program accepted an undergraduate course(s) as meeting the above graduate course criteria. The school must submit a notarized letter, on institutional letterhead, from an authorized person, i.e., the Department Chair of the program, stating the undergraduate course(s) was accepted to meet the educational requirement(s) of the master's degree.

For Office Use Only Date reviewed: _____ by: _____

(This section is NOT required if you are making application based on 5 years of practice in another jurisdiction).

SECTION H – INDEPENDENT MENTAL HEALTH PRACTICE COURSEWORK or EXPERIENCE

COMPLETE THIS COURSEWORK INFORMATION IF YOU ARE REQUESTING AN INDEPENDENT MENTAL HEALTH PRACTICE LICENSE

ACCREDITED PROGRAMS: If your program is accredited by one of the following, you **ARE NOT** required to complete the following coursework information.

- Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
- Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Council on Social Work Education (CSWE)

NON-ACCREDITED PROGRAM: If you graduated with a masters' or doctoral degree from an educational program which was NOT accredited by CACREP, but you believe it is equivalent in didactic content and supervised clinical experience to a program accredited by CACREP, you must complete this eligibility worksheet which sets out the CACREP accreditation standards.

An official course description must be attached for each course listed.

Total Program Hours Required by CACREP:

A minimum of 60 semester hours is required of all students in the following areas. If the master's degree was less than 60 semester hours, additional hours can be attained outside of that program to equal the required semester hours; these additional hours must be **graduate hours** and **have a mental health focus**.

List the total # of master's/doctorate credits you earned: _____

The following 8 Coursework Areas are Required: List below the course name, the course number and the name of the institution where the course was completed.

An official course description must be attached for each course listed.

Area 1: PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE:

- a) history and philosophy of the counseling profession and its specialty areas
- b) the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation
- c) counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams
- d) the role and process of the professional counselor advocating on behalf of the profession
- e) advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients
- f) professional counseling organizations, including membership benefits, activities, services to members, and current issues
- g) professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues
- h) current labor market information relevant to opportunities for practice within the counseling profession
- i) ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling
- j) technology's impact on the counseling profession
- k) strategies for personal and professional self-evaluation and implications for practice
- l) self-care strategies appropriate to the counselor role
- m) the role of counseling supervision in the profession

Name of Course(s)	Course Number	College/University

Area 2: SOCIAL AND CULTURAL DIVERSITY:

- a) multicultural and pluralistic characteristics within and among diverse groups nationally and internationally
- b) theories and models of multicultural counseling, cultural identity development, and social justice and advocacy
- c) multicultural counseling competencies
- d) the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others
- e) the effects of power and privilege for counselors and clients
- f) help-seeking behaviors of diverse clients
- g) the impact of spiritual beliefs on clients' and counselors' worldviews
- h) strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination

Name of Course(s)	Course Number	College/University

Area 3: HUMAN GROWTH AND DEVELOPMENT:

- a) theories of individual and family development across the lifespan
- b) theories of learning
- c) theories of normal and abnormal personality development
- d) theories and etiology of addictions and addictive behaviors
- e) biological, neurological, and physiological factors that affect human development, functioning, and behavior
- f) systemic and environmental factors that affect human development, functioning, and behavior
- g) effects of crisis, disasters, and trauma on diverse individuals across the lifespan
- h) a general framework for understanding differing abilities and strategies for differentiated interventions
- i) ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan

Name of Course(s)	Course Number	College/University

Area 4: CAREER DEVELOPMENT:

- a) theories and models of career development, counseling, and decision making
- b) approaches for conceptualizing the interrelationships among and between work, mental well-being, relationships, and other life roles and factors
- c) processes for identifying and using career, avocational, educational, occupational and labor market information resources, technology, and information systems
- d) approaches for assessing the conditions of the work environment on clients' life experiences
- e) strategies for assessing abilities, interests, values, personality and other factors that contribute to career development
- f) strategies for career development program planning, organization, implementation, administration, and evaluation
- g) strategies for advocating for diverse clients' career and educational development and employment opportunities in a global economy
- h) strategies for facilitating client skill development for career, educational, and life-work planning and management
- i) methods of identifying and using assessment tools and techniques relevant to career planning and decision making
- j) ethical and culturally relevant strategies for addressing career development

Name of Course(s)	Course Number	College/University

Area 5: COUNSELING AND HELPING RELATIONSHIPS:

- a) theories and models of counseling
- b) a systems approach to conceptualizing clients
- c) theories, models, and strategies for understanding and practicing consultation
- d) ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships
- e) the impact of technology on the counseling process
- f) counselor characteristics and behaviors that influence the counseling process
- g) essential interviewing, counseling, and case conceptualization skills
- h) developmentally relevant counseling treatment or intervention plans
- i) development of measurable outcomes for clients
- j) evidence-based counseling strategies and techniques for prevention and intervention
- k) strategies to promote client understanding of and access to a variety of community-based resources
- l) suicide prevention models and strategies
- m) crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid
- n) processes for aiding students in developing a personal model of counseling

Name of Course(s)	Course Number	College/University

Area 6: GROUP COUNSELING AND GROUP WORK:

- a) theoretical foundations of group counseling and group work
- b) dynamics associated with group process and development
- c) therapeutic factors and how they contribute to group effectiveness
- d) characteristics and functions of effective group leaders
- e) approaches to group formation, including recruiting, screening, and selecting members
- f) types of groups and other considerations that affect conducting groups in varied settings
- g) ethical and culturally relevant strategies for designing and facilitating groups

Name of Course(s)	Course Number	College/University

Area 7: ASSESSMENT AND TESTING:

- a) historical perspectives concerning the nature and meaning of assessment and testing in counseling
- b) methods of effectively preparing for and conducting initial assessment meetings
- c) procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide
- d) procedures for identifying trauma and abuse and for reporting abuse
- e) use of assessments for diagnostic and intervention planning purposes
- f) basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments
- g) statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations
- h) reliability and validity in the use of assessments
- i) use of assessments relevant to academic/educational, career, personal, and social development
- j) use of environmental assessments and systematic behavioral observations
- k) use of symptom checklists, and personality and psychological testing
- l) use of assessment results to diagnose developmental, behavioral, and mental disorders
- m) ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results

Name of Course(s)	Course Number	College/University

Area 8: RESEARCH AND PROGRAM EVALUATION:

- a) the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice
- b) identification of evidence-based counseling practices
- c) needs assessments
- d) development of outcome measures for counseling programs
- e) evaluation of counseling interventions and programs
- f) qualitative, quantitative, and mixed research methods
- g) designs used in research and program evaluation
- h) statistical methods used in conducting research and program evaluation
- i) analysis and use of data in counseling
- j) ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research and/or program evaluation

Name of Course(s)	Course Number	College/University

Practicum/Internship Required by CACREP: Practicum and internship experiences are required for all students

You must submit evidence of at least 700 total clock hours of practicum/internship as part of your master's or doctoral degree program, of these 700, at least 280 must be direct client hours.

Your supervisor or internship director must submit Attachment 1A to verify completion.

Name of Practicum Course(s)	Course Number	College/University

Name of Internship Course(s)		

For Office Use Only Date reviewed: _____ by: _____

(This section is NOT required if you are making application based on 5 years of practice in another jurisdiction).

SECTION I - MARRIAGE AND FAMILY THERAPY COURSEWORK

COMPLETE THIS COURSEWORK INFORMATION IF YOU ARE REQUESTING CERTIFICATION AS A MARRIAGE AND FAMILY THERAPIST

ACCREDITED COAMFTE PROGRAM: If you graduated from a marriage and family therapy program that COAMFTE approved you **ARE NOT** required to complete the following coursework information.

NON-ACCREDITED PROGRAM: For related MFT programs or NON-COAMFTE programs, list the name of the course, the course number and the name of the institution in which the course was completed.

An official course description must be attached for each course listed.

1. MARRIAGE AND FAMILY STUDIES (9 semester or 13.5 quarter or a combination of these hours)

Course Definition: Courses in this area should be a fundamental introduction to systems theory. The student should learn to understand family structures and functioning within the social systems framework (including environmental context) and regarding diverse range of presenting issues (i.e. gender, cultural, substance abuse). Topic areas may include: systems theory, family development, family subsystems, blended families, gender issues in families, cultural issues in families, etc.

This area must have a major focus from systems theory orientation and encompass the social systems orientation. Survey or overview courses in which systems in one of several theories covered is not appropriate. Courses in which systems theory is the overarching framework and other theories are studied in relations to systems theory are appropriate.

Course Name	Course #	College/University

2. MARRIAGE AND FAMILY THERAPY (9 semester or 13.5 quarter or a combination of these hours)

Course Definition: Courses in this area should have a major focus on family systems theory and systemic therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change, the applied practices evolving from each theoretical orientation, including diagnosis/assessment of individuals, couples and families. Major theoretical approaches might include: strategic, structural, object relations, cognitive behavioral, intergenerational, and integrative models of therapy with individuals, couples, and families.

Course Name	Course #	College/University

3. HUMAN DEVELOPMENT (9 semester or 13.5 quarter or a combination of these hours)

Course Definition: Courses in this area should provide knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant course work in human development across the life span, which includes special issues that effect an individual's development (i.e. culture, gender, and human sexuality). Topic areas may include human development, child/adolescent development, psychopathology, personality theory, human sexuality, etc. This material should be integrated with systems concepts. Test and measurement courses are not accepted toward this area.

Course Name	Course #	College/University

4. PROFESSIONAL STUDIES (3 semester or 4.5 quarter or a combination of these hours)

Course Definition: Courses in this area are intended to contribute to the professional development of the therapist. Areas of study should include the therapist's legal responsibilities and liabilities, professional ethics relevant to marriage and family issues, professional values and socialization, and the role of the professional organization, licensure or certification legislation, independent practice and interpersonal cooperation. Religious ethics courses and moral theology courses are not accepted toward this area.

Course Name	Course #	College/University

5. RESEARCH (3 semester or 4.5 quarter or a combination of these hours)

Course Definition: Courses in this area should assist students in understanding and performing research. Topic areas may include research methodology, quantitative methods and statistics. Individual personality and test and measurement courses are not accepted toward this area.

Course Name	Course #	College/University

PRACTICUM (minimum 6 semester hours or 9 quarter hours, 300 hours of supervised direct client contact with individuals, couples and families, and of this 300 hours, no more than 150 hours may be with individuals)

Course Name	Course #	College/University

For Office Use Only Date reviewed: _____ by: _____

(This section is NOT required if you are making application based on 5 years of practice in another jurisdiction).

SECTION J - PROFESSIONAL COUNSELOR COURSEWORK

COMPLETE THIS COURSEWORK INFORMATION IF YOU ARE REQUESTING A CERTIFICATE AS A PROFESSIONAL COUNSELOR

ACCREDITED CACREP PROGRAM: If your program is accredited by CACREP, you **ARE NOT** required to complete the following coursework information.

NON-ACCREDITED CACREP PROGRAM: The following must be completed by applicants applying with a master's degree from a non-CACREP counseling related field offered by a regionally accredited higher educational institution.

List the name of the course, the course number and the name of the institution in which the course was completed

An official course description must be attached for each course listed.

COUNSELING THEORY (3 semester hours): **Course Definition:** Includes a study of basic theories principles and techniques of counseling and their application to professional counseling settings.

Course Name	Course #	College/University

SUPERVISED COUNSELING PRACTICUM: Course Definition:

Mental Health Practice Applicants: Refers to supervised counseling experience in a work/community based setting of at least one semester in duration for a minimum of 3 hours academic credit as part of a master's program component

Independent Mental Health Practice Applicants: Must have completed at least **700 clock** hours of Practicum and/or Internship as part of his/her master's or doctoral degree program, which included at least 280 hours of direct service with clients.

Course Name	Course #	College/University

In addition to the above 2 coursework areas, you must have completed at least 3 semester hours in 5 of the following areas.

1. HUMAN GROWTH AND DEVELOPMENT: Course Definition: Includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels. Emphasis is placed on biopsychosocial approaches. Also included are such areas as human behavior (normal and abnormal), personality theory and learning theory.

Course Name	Course #	College/University

2. SOCIAL AND CULTURAL FOUNDATIONS: Course Definition: Includes studies of change, ethnic groups, subcultures, changing roles of women, sexism, urban and rural societies, population patterns cultural mores, use of leisure time and differing life patterns. Such disciplines as the behavioral sciences, economics and political science are involved.

Course Name	Course #	College/University

3. HELPING RELATIONSHIP: Course Definition: Includes philosophic bases of the helping relationship; consultation theory, practice, and application; and an emphasis on development of counselor and client (or consultee) self-awareness.

Course Name	Course #	College/University

4. GROUP DYNAMICS, PROCESSING AND COUNSELING: Course Definition: Includes theory and types of groups, as well as descriptions of group practices, methods, dynamics, and facilitative skills. This also includes supervised practice.

Course Name	Course #	College/University

5. LIFESTYLE AND CAREER DEVELOPMENT: Course Definition: Includes such areas as vocational choice theory, relationship between career choice and lifestyle, sources of occupational and educational information, approaches to career decision making processes and career exploration techniques.

Course Name	Course #	College/University

6. APPRAISAL OF INDIVIDUALS: Course Definition: Includes the development of framework for understanding the individual including methods of data gathering and interpretation, individual and group testing, case study approaches, and the study of individual differences. Ethnic, cultural and sex factors are also considered.

Course Name	Course #	College/University

7. RESEARCH AND EVALUATION: Course Definition: Includes such areas as statistics, research design and development of research and demonstration proposals. It includes understanding legislation relating to the development of research, program development and demonstration proposals, as well as the development and evaluation of program objectives.

Course Name	Course #	College/University

8. PROFESSIONAL ORIENTATION: Course Definition: Includes goals and objectives of professional organizations, codes of ethics legal considerations, standards of preparation, certification, licensing, and role identity of counselors and of other personal services specialists.

Course Name	Course #	College/University

For Office Use Only
Date reviewed: _____ by: _____