NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Psychology License based on 20-Years of Practice Application Information

For more information, visit our website at: https://dhhs.ne.gov/licensure/Pages/Psychology.aspx

Requirements:

To be eligible based on 20-years of practice, you must:

1. Hold a current psychology license based on a doctoral degree in psychology.
2. Have at least 20-years of licensed psychology practice in the United States or Canada.
3. Have had no disciplinary sanction during the entire period of licensure.
4. Pass the Nebraska jurisprudence examination with a minimum score of 80%.

Information For Military Spouses:

Temporary License: If you have an active psychology license in another state and you are a military spouse, you may be issued a temporary license pending completion of the permanent license requirements. A temporary license specifically 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 permanent license to determine which process is right for you.

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

- The attached application
- 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 psychology license from another state or jurisdiction
- A copy of the statutes, rules, and regulations governing your license which indicate standards that are similar to Nebraska's psychology licensing requirements.

License Fee Waiver: If you meet one of the following waiver options, your 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/Documents/CredInfoForMilitarySpouses.pdf

APPLICATION REQUIREMENTS

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

   A Driver's License is NOT acceptable.

   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.

   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. **Criminal Background Check**: You need to submit fingerprints and a processing fee to the Nebraska State Patrol. See attached instructions.

3. **Transcript:** You must have your school or electronic transcript service submit **directly to our office** an official college or university transcript verifying issuance of a doctoral degree in psychology or may be sent by ASPPB's credentialing data bank or the National Register. If sending by e-mail, send to dhhs.licensure2117@nebraska.gov. We do not accept copies of transcripts sent electronically to the applicant. **You are not required to submit a transcript if you** are applying based on: **CPQ** or a current credential at the doctoral level as a **Health Service Provider by the National Register of Health Service Providers**.

   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. **Other Licensing Information:** You must submit verification of your current Psychology license (either by the State Licensing Board or an on-line license look-up) **and** a copy of the application requirements for that were in effect at the time your license was issued.
   Disciplinary Action: If you have had any disciplinary action(s) taken against your licenses, you must submit a copy of the disciplinary action(s), including charges and findings.

5. **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 **SOME** examples of convictions; this is **NOT** a complete list	
• MIP/ Tobacco Use by Minor • DUI / DWI / Open Container • Controlled Substance • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Fail to Appear in Court	• Driving under Suspension / Revocation • License Vehicle without Liability Insurance • False Information or Reporting • Reckless Driving / 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

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction or license 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 the following website: https://dhhs.ne.gov/Pages/Investigations.aspx or by phone 402-471-0175.

6. **State Jurisprudence Examination:** Have completed the Nebraska Jurisprudence Examination. To take the examination go to: https://www.proprofs.com/quiz-school/story.php?title=nebraska-psychology-jurisprudence-exam04

7. **Fee:** The required fee, unless you qualify for a fee waiver (see application)
Pay by check/money order; debit or credit card is not accepted.

NON-ENGLISH DOCUMENTS: 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 can check our website at https://www.nebraska.gov/LISSearch/search.cgi to verify receipt of your application. If your record shows 'status pending' your application has been received by the Department but has not been approved.

All applications will be reviewed in date order received; you will receive an e-mail advising you that your license has been issued or that your application is incomplete. If incomplete, you will be informed of how to correct your application.

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

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

Contact Information: Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska 68509-4986
Telephone: 402-471-2117 / FAX: 402-471-3577 / E-Mail: dhhs.licensure2117@nebraska.gov

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason

Fingerprints are required to be eligible for a Provisional Psychology license and a Psychology license in Nebraska.

The Nebraska State Patrol will not process your request for a criminal background check until you have paid the required fee to the State Patrol and the Licensure Unit has received your application.

Please read and follow these instructions carefully to avoid delays in processing.

Even if you have recently obtained a criminal background check for another state or another license, you MUST obtain a new criminal background check for the license you are currently applying for in Nebraska. DO NOT SUBMIT PRINTS AND PAYMENT UNTIL YOUR APPLICATION HAS BEEN COMPLETED AND SENT TO DHHS.

Completing the Fingerprint Card:

1. **Fingerprint Cards:** Fingerprint cards are available at any State Patrol office or law enforcement agency in NEBRASKA. If you live in another state, contact your local law enforcement agency. You may also contact the Licensure Unit at 402-471-2117 and cards can be mailed to you.

2. **DO NOT FOLD THE FINGERPRINT CARDS.**

3. **Information to be completed on the Fingerprint Card:**

   a. Print your full name, address with zip code, *Social Security Number, date and place of birth, and other information as requested. **DO NOT sign the fingerprint cards until** the law enforcement officer has verified your signature with the form of identification that you provided. **DO NOT write in the field labeled ORI.**

   **Social Security Number: If you do not have a United States Social Security Number, you must provide in the "Miscellaneous No: MNU" section a Government issued identification number, a "consulate" number or a Passport Number. Please indicate the type of number provided.*

   b. In the box labeled "Reason Fingerprinted" PRINT '**Psychology 38-131'**. Each license applied for requires an individual background check so if applying for the provisional license, you will be required to be re-fingerprinted when you apply for the full psychology license.

Photo ID:

Take one form of photo ID with you when getting your fingerprints. Acceptable forms of ID include a driver's license, visa, passport or other document showing that you are legal in the U.S.

FEE: $75.00

There are 2 ways to pay for fingerprint processing:

1. **Credit Card/E-Check: Pay $75.00 by credit card at www.ne.gov/go/nsp.** This is an internet pay site through PayPort. Credit/debit card OR checking account and routing information will be required. A small transaction fee will be added to your payment. For some payments, selection of eCheck will give you a discount on your transaction fee.
   The website will ask you to select the type of payment you are making. Under 'transaction type' you need to choose 'EMS'. You will then need to enter the applicant's name, date of birth and the last 4 digits of social security number. If a company is paying for an applicant; the applicant's information needs to be entered on this page. The second page of the website will ask for information about the payer, which may or may not be the applicant.

2. **Check or Money Order:** Payment of **$75.00** must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 4600 Innovation Drive Lincoln NE 68521.** In the MEMO section of the check, print the name of the applicant and 'PSY fingerprinting' (example: Jordan Jones – PSY fingerprinting).

The Nebraska State Patrol does not charge an additional fee for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or in other states may charge a fee.

Fingerprinting Process:

There are 2 ways to capture your fingerprints:

- Live Scan: Live Scan is available at all Nebraska State Patrol locations listed below and the fingerprints are captured electronically. The Nebraska State Patrol does not accept Live Scan prints from other states at this time. If you are out of state and have Live Scan prints, you will need to request that your fingerprints be printed out onto cards.

- Ink and Paper Finger Prints: Applicants outside of Nebraska or at an office other than the below listed State Patrol offices have traditional ink and paper fingerprinting.

Offices of the Nebraska State Patrol and the Days/Hours that Fingerprinting is Conducted	
Troop A 4411 S 108th ST **Omaha NE** 68137 Phone: 402-331-3333	Monday - Friday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop B 1401 Eisenhower AVE **Norfolk NE** 68701 Phone: 402-370-3456	Monday - Thursday 8:30 a.m. to 4:00 p.m. (appointment required)
Troop C 3431 Old Potash Highway **Grand Island NE** 68801 Phone: 308-385-6000	Tuesdays 9:00 a.m. to 4:00 p.m. Wednesdays 8:30 a.m. to 4:00 p.m. Thursdays 9:00 a.m. to 1:30 p.m. (appointment required)
Troop D 300 West South River Rd **North Platte NE** 69103 Phone: 308-535-6604	Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop E 4500 Avenue I **Scottsbluff NE** 69361 Phone: 308-632-1211	Monday – Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop H 4600 Innovation Drive **Lincoln NE** 68521 Phone: 402-479-4971	Monday - Friday 8:00 a.m. to 4:00 p.m. (appointment required)

Where do you send the fingerprint cards?

You must send all fingerprint cards to the following address:

Criminal Identification Division (CID)
3800 NW 12th ST STE A
Lincoln NE 68521

Criminal Background Check Notification: Pursuant to Neb. Rev. Stat. §38-131 (provided below), an applicant for an initial license where a criminal background check is required by an interstate licensure compact shall be subject to a criminal background check. Applicants are able to receive any national criminal history record that may pertain to them directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and may then freely disclose any such information to whomever they choose. Applicants must authorize the dissemination of any national criminal history record that may pertain to them to the Department of Health and Human Services (DHHS) when applying for licensure. Applicants are entitled to challenge the accuracy and completeness of any information contained in any such report and will be provided a copy of the criminal history background report, if any, received if they appear at the DHHS in person and present proper identification. Information on how to challenge an applicant's federal report can be found at FBI.gov. To challenge an applicant's Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. Applicants may obtain a prompt determination as to the validity of their challenge before the DHHS makes a final decision about their application for licensure.

Neb. Rev. Stat. §38-131 - Criminal background check; when required. (1) An applicant for an initial license to practice as a registered nurse, a licensed practical nurse, a physical therapist, a physical therapy assistant, a psychologist, an advanced emergency medical technician, an emergency medical technician, an audiologist, a speech-language pathologist, a licensed independent mental health practitioner, an occupational therapist, an occupational therapy assistant, or a paramedic or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. A criminal background check may also be required for initial licensure or reinstatement of a license governed by the Uniform Credentialing Act if a criminal background check is required by an interstate licensure compact. Except as provided in subsection (3) of this section, the applicant shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. (2) This section shall not apply to a dentist who is an applicant for a dental locum tenens under section 38-1122, to a physician or osteopathic physician who is an applicant for a physician locum tenens under section 38-2036, or to a veterinarian who is an applicant for a veterinarian locum tenens under section 38-3335. (3) An applicant for a temporary educational permit as defined in section 38-2019 shall have ninety days from the issuance of the permit to comply with subsection (1) of this section and shall have his or her permit suspended after such ninety-day period if the criminal background check is not complete or revoked if the criminal background check reveals that the applicant was not qualified for the permit. Effective Date: July 21, 2022

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at https://www.fbi.gov/about-us/cjis/background-checks.

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Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986
DHHS.BHLicensure@nebraska.gov
402-471-2117

PSYCHOLOGY LICENSE APPLICATION

20 Years of Licensure as a Psychologist in the United States or Canada

Mail this application to the address listed above.

You must complete all sections of this application

SECTION A: PERSONAL INFORMATION

Enter your **LEGAL NAME** below

First Name:		Middle Name:	
Last Name:		Suffix:	
List any other names you are or have been known as (AKA), including maiden and your last name on your birth certificate.).			

APPLICANT DEMOGRAPHICS

Mailing Address

Country:		Zip Code:	
Address Line 1:		City:	
Address Line 2:		State:	
Address Line 3:		County:	

Do you have a social security number?	Yes ☐ No ☐	SSN #:

Neb. Rev. Stat. §§38-123 and 38-130 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.

Are you a US Citizen?	Yes ☐ No ☐
If you are not a U.S. Citizen, list your A# or I-94#:	☐ A# ☐ I-94 #

Date of Birth:		Place of Birth (City/State or Country):	

Primary Phone Number: ☐ Check box if # Outside U.S.	☐ Mobile	
	☐ Work	Ext:
Secondary Phone Number: ☐ Check box if # Outside U.S.	☐ Mobile	
	☐ Work	Ext:
E-Mail Address:		
Military Spouse: **Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in in Nebraska?**	Yes ☐ No ☐ If yes, are you applying for a military spouse temporary license? Yes ☐ No ☐ **If checked yes and you are applying for a temporary license, you must include all documentation identified in the instructions.**	

SECTION B: LICENSE TYPE AND FEE

License Fee: (Licenses expire 01/01 of odd years)
The fee you must pay for your license is based on the month and year in which your license will be issued.

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**

Temporary License Fee: **$50**
(License expires 1 year from date of issuance)

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.

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

☐ **Young Worker:** Under 26 years old.

☐ **Low-Income Individual:**

☐ 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.

State in which assistance is received: _____
NOTE: If you are enrolled in a state other than Nebraska, provide a copy of the state or federal documents verifying your enrollment.

OR

☐ Household adjusted gross income is below 130% of the federal income poverty guideline, provide a copy of your most recent tax return

☐ **Military Family:** 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.

SECTION C: EDUCATION

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

I hold a: ☐ CPQ **OR** ☐ a current credential at the doctoral level as a **Health Service Provider by the National Register of Health Service Providers – Must submit proof of credential**

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:

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 military, you may submit such evidence with your application for review. Military is defined as 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.

SECTION D: EMPLOYMENT

Employment Site:	Name:		
Address:	Street/PO/Route:		
	City:	State:	Zip:
Dates Employed:	From (month/day/year):	To (month/day/year):	
Telephone Number:	#:		
Employment Site:	Name:		
Address:	Street/PO/Route:		
	City:	State:	Zip:
Dates Employed:	From (month/day/year):	To (month/day/year):	
Telephone Number:	#:		

If more space is required for employment, please provide a separate listing.

SECTION E: CONVICTION INFORMATION

Are you currently on court-ordered probation? Yes ☐ No ☐
(If you marked yes, submit a letter from your probation officer addressing the terms and current status of your probation)

Have you **EVER** been convicted of a misdemeanor or felony? Yes ☐ No ☐

If yes, enter **ALL** misdemeanor or felony convictions (regardless of when they occurred); 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.

Name of Conviction	Date of Conviction	Name of Court Taking Action

Provide a letter of explanation for each conviction that you entered above.

If your convictions were in a state other than Nebraska, attach copies of the court documents for each conviction.

The following provides SOME examples of convictions; this is NOT a complete list	
• 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	• 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

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license 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 the following website https://dhhs.ne.gov/Pages/Investigations.aspx** or by phone **402-471-0175**.

SECTION F: OTHER LICENSES

These questions relate to a license that you currently hold or have held, to provide health related services in a state **other** than Nebraska.

You must submit a verification of your current Psychology license (either by the State Licensing Board or an on-line license look-up). A copy of your license is not acceptable.

What state(s) are/were you credentialed in as a Psychologist?	Name of License and License #

Has your psychology license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it? Yes ☐ No ☐

Have you ever been denied the right to take a license examination in any State? Yes ☐ No ☐

Explain:

Have you ever been denied the issuance of a license in any state? Yes ☐ No ☐

If yes, what state(s)?		What type of license?
Explain:		

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.

Do you hold or have held licenses (other than a Psychology license) to provide health-related services, health services, professional services, or environmental services in another state(s)?

Yes ☐ No ☐	Type of License:		State Licensed:	
	Type of License:		State Licensed:	
If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action		Date of Action	Name of State Taking Action
Yes ☐ No ☐				

Other Licensing Information: If you currently hold or have held a credential to provide health related services in a state or jurisdiction **other than Nebraska,** you must submit verification of the license(s) even if that license is no longer current.

SECTION G: PRACTICE PRIOR TO BEING LICENSED BY NEBRASKA

An individual who practices in Nebraska prior to issuance of a license 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 psychology.

☐ **No.** I **have NOT** practiced psychology in Nebraska without a credential before submitting this application?

☐ **Yes**. I **have** practiced psychology in Nebraska without a credential before submitting the application?

If **YES** to the question above, what are the actual number of days you practiced psychology 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 H: 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.

OR

☐ 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: I have read the application or have had the application read to me; and I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____