

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

Psychological Assistant is a person with a master's degree in clinical psychology, counseling psychology, or educational psychology or an educational specialist degree in school psychology who administers and scores and may develop interpretations of psychological testing under the supervision of a psychologist. Your work is deemed to be an extension of the legal and professional authority of the supervising psychologist and you cannot independently provide interpretive information or treatment recommendations to clients or other health care professionals prior to obtaining appropriate supervision. Use of this title is restricted to the duties described above and you must use the term 'psychological assistant'. Partial or abbreviated use of the title and use of the title beyond what is specifically set out in this information is considered the unlicensed practice of psychology.

Psychologist Associate is a person with a master's degree in clinical psychology, counseling psychology, or educational psychology or an educational specialist degree in school psychology who administers and scores and may develop interpretations of psychological testing under the supervision of a psychologist. Your work is deemed to be an extension of the legal and professional authority of the supervising psychologist and you cannot independently provide interpretive information or treatment recommendations to clients or other health care professionals prior to obtaining appropriate supervision. Persons who have carried out the duties described in this subdivision as part of their employment in institutions accredited by the Department of Health and Human Services, the State Department of Education, or the Department of Correctional Services for a period of two years prior to September 1, 1994, may use the title psychologist associate in the context of their employment in such settings. Use of the title shall be restricted to duties described in this subdivision, and the title shall be used in its entirety. Partial or abbreviated use of the title and use of the title beyond what is specifically authorized in this subdivision shall constitute the unlicensed practice of psychology.

A Special Licensed Psychologist whose practice involves the diagnosis and treatment of major mental and emotional disorders must be provided under the supervision of a licensed psychologist. A psychologist holding a special license cannot supervise mental health practitioners or independently evaluate persons under the Nebraska Mental Health Commitment Act or the Sex Offender Commitment Act. Application Requirements:

- A general description of the practice and the plan of supervision.
- A supervisor's statement that he or she has the necessary experience and training to supervise this area of practice.
- A supervisor's statement that he or she accepts the legal and professional responsibility for the practice with individuals having major mental and emotional disorders.

Note: Psychologists practicing with special licenses may continue to use the title licensed psychologist but must disclose supervisory relationships to clients for whom supervision is required and to third-party payors when relevant.

Registration Fee Waiver:

If you meet one of the following waiver options, your registration 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 Information

1. **U.S. Citizenship/Lawful Presence** (must be at **least 19** years old). **You must submit evidence of:**

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. **Transcript:** If applying for the Psychological Assistant or Psychologist Associate registration, you must have your school or electronic transcript service submit **directly to our office** an official college or university transcript showing receipt of your degree. If sending by e-mail, send to dhhs.licensure2117@nebraska.gov. We **do not** accept copies of transcripts sent electronically **to the applicant**.
3. **Other Licensing Information:** If you current hold or have held a credential to provide health related services in a state/jurisdiction **other than Nebraska**, you must submit a verification of the license(s) (even if that license is no longer current). **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.
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 / 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 	<ul style="list-style-type: none"> • 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. <https://dhhs.ne.gov/Pages/Investigations.aspx>

5. **Fee:** The required fee, unless you qualified for a fee waiver (see fee chart on the application).
Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.

NOTE: Your supervisor must compete page 6 of the application.

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 confirmation advising you that your registration 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 registration 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

Licensure Unit
 P.O. Box 94986, Lincoln, Nebraska 68509-4986
Dhhs.licensure2117@nebraska.gov
 402-471-2117

SUPERVISORY REGISTRATION
 Psychologist Assistant, Psychologist Associate,
 or Special Licensed Psychologist

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.).			

SECTION B: 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 <input type="checkbox"/> No <input type="checkbox"/>	SSN #:
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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 <input type="checkbox"/> No <input type="checkbox"/>
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If you are not a U.S. Citizen, list your A# or I-94#:	<input type="checkbox"/> A# <input type="checkbox"/> I-94#
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Date of Birth:		Place of Birth (City/State or Country):	
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Primary Phone Number:	<input type="checkbox"/> Mobile		
<input type="checkbox"/> Check box if # Outside U.S.	<input type="checkbox"/> Work	Ext:	

Secondary Phone Number:	<input type="checkbox"/> Mobile		
<input type="checkbox"/> Check box if # Outside U.S.	<input type="checkbox"/> Work	Ext:	

E-Mail Address:	
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SECTION C: REGISTRATION TYPE AND FEE

- Psychological Assistant **\$50**
- Psychologist Associate **\$50**
- Special Licensed Psychologist **\$50**
- Change in Supervisor: **\$0**

Name of Previous Supervisor:	First:	Middle:	Last:
What date did the supervision terminate?			

- Additional Supervisor(s) -This is in addition to the supervisors already on file: **\$0**

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 D: EDUCATION

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:

SECTION E: OTHER LICENSE INFORMATION

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

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 to provide health-related services, health services, professional services, or environmental services in another state(s)?

Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>				

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 F: 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 <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

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 G: PRACTICE PRIOR TO REGISTRATION

If you practice in Nebraska without a Nebraska registration, you are 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.

No. I **have NOT** practiced as an assistant, associate, or practice that involved the diagnosis and treatment of major mental and emotional disorders in Nebraska without a credential before submitting this application?

Yes. I **have** practiced as an assistant, associate, or practice that involved the diagnosis and treatment of major mental and emotional disorders in Nebraska without a credential before submitting this application?

If yes, what are the actual number of days you practiced in Nebraska without a registration 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:

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: _____

Page 6 must be completed by the Supervisor

This page must be completed by the Supervisor

SECTION I: PLAN OF SUPERVISION

For **special licensed psychologist**: must provide a level of oversight and training appropriate to the individual's experience level.
 For **psychologist assistant/associate**: weekly supervision sessions required

1	Frequency of Supervision:			
2	Type of Supervision:			
3	Duration of Supervisory Contact:			
4	Describe how supervision will take place:			
5	Who will provide supervisory backup when you are out of town or unavailable for weekly appointments?			
Supervisor's Name:		Last	First	Middle Initial
Business Address:		Street/PO/Route		
		City	State	Zip Code
License Number:		#:	Telephone Number (optional):	#:

SECTION J: SUPERVISOR ATTESTATION

Supervisor Must Complete the following:

I, _____ state that I am the supervisor referred to in this application and that the
 (Print Name of Supervisor)

statements herein are true and complete. I agree to assume legal and professional responsibility for the work of the applicant listed in this application and agree that I am competent to provide all services identified in this registration form.

 Signature of Supervisor

 Date