

Licensure Unit
 PO Box 94986
 Lincoln, NE 68509-4986
 402-471-2062 Fax: (402) 742-1141
 Email:DHHS.BHLicensure@nebraska.gov

Renewal Application Independent Mental Health Practitioner Mental Health Practitioner

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

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

SECTION A: LICENSE INFORMATION:			
License #:	LIMHP:	LMHP:	
Name: <input type="checkbox"/> If this is a CHANGE in name, check the box	First:	Middle:	Last:
	Name Changes: If your name has changed, submit a photocopy of your marriage certificate, court order, etc., so we can change your name on our records.		
Address: <input type="checkbox"/> If this is a NEW address, check the box			
City/State/Zip:	City:	State:	Zip:
Phone/E-mail:	Phone:	E-mail:	
To renew your license , you must have a valid Social Security Number or Alien Registration Number.			
Social Security Number:		Alien Registration Number OR I-94#:	
SS#: Neb. Rev. Stat. §38-123 requires disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes as well as to the Nebraska Department of Revenue, Department of Labor and for other Administrative purposes.			

SECTION B: FEES & STATUS Make check/money Order payable to 'Licensure Unit' (You will not receive a receipt)															
<p>Check Requested Status and License Type(s):</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>INDEPENDENT Mental Health Practice License AND LMHP: I am renewing both licenses.</p> <p><input type="checkbox"/> LIMHP Active \$ 50</p> <p><input type="checkbox"/> MHP Active \$155</p> <p style="text-align: center;">TOTAL = \$205 to renew both licenses</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>INDEPENDENT Mental Health Practice License: I am renewing ONLY this license.</p> <p><input type="checkbox"/> LIMHP Active \$155</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Mental Health Practice License: I am renewing ONLY this license:</p> <p><input type="checkbox"/> MHP Active \$155</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Inactive & Military Status - No Fee Required</p> <p><input type="checkbox"/> Inactive - LIMHP <input type="checkbox"/> Inactive - LMHP</p> <p>I choose inactive status for my license. I cannot practice my profession in Nebraska after 9.1.2022. There is no fee or continuing education requirement for inactive status.</p> <p><input type="checkbox"/> Active – Military:</p> <p>I choose Active-Military status. We encourage you to check with your employer before choosing active-military. I served for 30 consecutive days on full-time active duty or approved leave after 9.1.2024. Military service is defined as full-time duty in the active military of the United States, a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. I understand that I may be required to submit a copy of my military orders to the DHHS Licensure Unit. There is no fee or continuing education required.</p> </div>	<p>Certificate Fees & Status:</p> <p>If you hold an additional certificate, check requested status, certificate type and list your cert #. If you hold more than 1 certificate, the fee applies to EACH certificate:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center; vertical-align: top;">Cert #:</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Professional Counselor (CPC)</td> <td style="border: 1px solid black; width: 20%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> \$50 Active <input type="checkbox"/> Inactive, No Fee</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Marriage and Family Therapist (CMFT)</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> \$50 Active <input type="checkbox"/> Inactive, No Fee</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Master Social Worker (CMSW)</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> \$50 Active <input type="checkbox"/> Inactive, No Fee</td> <td style="border: 1px solid black;"></td> </tr> </table>		Cert #:	<input type="checkbox"/> Professional Counselor (CPC)		<input type="checkbox"/> \$50 Active <input type="checkbox"/> Inactive, No Fee		<input type="checkbox"/> Marriage and Family Therapist (CMFT)		<input type="checkbox"/> \$50 Active <input type="checkbox"/> Inactive, No Fee		<input type="checkbox"/> Master Social Worker (CMSW)		<input type="checkbox"/> \$50 Active <input type="checkbox"/> Inactive, No Fee	
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INACTIVE STATUS: If you choose Inactive Status, you cannot practice, but may represent yourself as holding an inactive license or certificate. To change from Inactive to Active Status, you must complete a reinstatement application, pay the reinstatement and renewal fees, meet the continuing education, and any other requirement in effect at the time the status change is requested.

Renewal Questions:

Continuing Education:

CE Completion

___ I have met or will meet the continuing education requirements on or before 09/01/2026.

You MUST have completed at least 32 hours of acceptable continuing education (2 of these hours must relate to ethics) or have met one of the CE waivers, between 09/01/2024 and 09/01/2026 in order for your License to be renewed.

CE Waiver Request

___ **Military:** After 09/01/2024 I have served full-time duty in the active military service of the United States, a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. Military service may also include any period during which a service member is absent from duty on account of sickness, wounds, leave, or other lawful cause. If you meet this waiver, you are not required to pay the renewal fee or meet the continuing education requirements. You must submit copies of your active service papers.

___ **Initial License Issued:** I received my first License within the past 24 months (first issued after 09/01/2024). If you first received your license less than 24 months ago, you are not required to meet the continuing education requirements, but you must pay the fee.

___ **Illness/Disability:** I have suffered a serious or disabling illness or physical disability which prevented completion of the 32 hours of continuing competency requirements during the 24 months preceding the License renewal date. (Submit a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and the recovery period, and that you were unable to attend continuing education programs during this period.)

Continuing Education criteria is listed below:

Academic Credit

- 1 semester hour credit = 15 continuing education credit hours; 1 semester hour credit audited = 8 hours of continuing education.
- 1 quarter hour credit = 10 continuing education credit hours; 1 quarter hour credit audited = 5 hours of continuing education.
- 1 trimester hour credit = 14 continuing education credit hours; 1 trimester hour credit audited = 7 hours of continuing education.

Home Study Programs may accumulate up to 20 hours of continuing education per renewal period.

Publications written by the License and published in a refereed professional journal or book may accumulate up to 20 hours of continuing education per renewal period.

Teaching a college/university course are calculated the same as academic credit; a License or License holder may accumulate up to 30 of the 32 hours per renewal period.

Dissertations may accumulate up to 32 hours of continuing education per renewal period.

Educational/Training Videos may accumulate up to 10 hours of continuing education within a renewal period utilizing educational/training videos.

Workshop/Seminar/Lecture, etc. 1 continuing education hour or credit = 60 minutes of participation, for each fraction of an hour, record in 15 minute increments (i.e.: 1.25, 1.5, 1.75). Workshop presenters may receive credit for the initial presentation only.

Renewal Questions:

Conviction:	
<input type="checkbox"/> Yes	I was convicted of a misdemeanor or felony after 09/01/2024
<input type="checkbox"/> No	<p>If you have a conviction, You must submit the following:</p> <ol style="list-style-type: none"> 1. A copy of the court record for each conviction (if they occurred in a State other than Nebraska); 2. Your explanation of the events leading to each of the convictions (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions; 3. If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.
Other License(s):	
<input type="checkbox"/> Yes	I was licensed by another state(s) to provide health-related or environmental services after 09/01/2024
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	If you are licensed in another state, has it been denied, refused renewal, or disciplined after 09/01/2024
<input type="checkbox"/> No	<p>Disciplinary Action: If your license from a different state (NOT NEBRASKA) has been revoked, suspended, limited, placed on probation, or disciplined in any way in the last 2 years, and you haven't reported it yet, we need an official copy of the disciplinary action that includes charges and disposition.</p> <p>NOTE: ALL license disciplinary actions must be reported within 30 days of the conviction/action. Failure to report may result in disciplinary action against your Nebraska license.</p>
Citizenship/Lawful Presence (Answer yes to only ONE of the questions below):	
<input type="checkbox"/> Yes	I am a citizen of the United States.
<input type="checkbox"/> Yes	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.
<input type="checkbox"/> Yes	I am not a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc
<p>Not a Citizen: If you are NOT a citizen of the United States, submit a copy of your evidence of lawful presence, such as a permanent resident card, Form I-94, asylum document, etc. OR an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.</p>	

Attestation:

I Attest that:	
<ol style="list-style-type: none"> 1. I have read the renewal application or have had the renewal application read to me; and 2. I am of good character and all statements on this renewal application are true and complete. 	
Signature: _____	Date: _____
<p>We NO LONGER send the paper renewed license card; to PRINT YOUR RENEWED CARD go to: dhhs.ne.gov/lookup</p>	

We will process your renewal as quickly as possible, but it may take up to 5-10 working days to process. You can check your renewal status at **dhhs.ne.gov/lookup**. When your renewal date changes, that means your license has been renewed, and you can print your wallet card. We will contact you if additional documentation is needed. We cannot renew your license until we have ALL of the required documentation.