

Options for Independent Mental Health Practice License: There are multiple **Options** to obtain this License and **you may select any one**, however you **must** meet the educational experience **and** supervised experience required for the option you select.

Initial License: There are 3 options for initial license: Accredited Program, Equivalent to Accredited Program, and At Least 10 Years of Supervised Experience (See page 3 and 4 of the application)

Reciprocity: **Note: If your current license in another state DOES NOT ALLOW you to diagnose major mental illnesses or disorders, please review the application for a mental health practitioner on our web site at:**
<https://dhhs.ne.gov/licensure/Documents/MHPreciprocityApp.pdf>

If applying for the LIMHP based on holding a license in another state review the following:

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 an equivalent 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 under an equivalent license for at least 5 years following issuance of that license in another State, Territory or District of Columbia. You **must also pass the Nebraska jurisprudence examination.**

Note: If applying based on Reciprocity with 5 years of practice, you are not required to complete pages 8-19 of the application

Information for Military Spouses:

Temporary License: If you have an **active independent 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 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 independent 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 independent mental health practice requirements.
- The permanent license fee (unless you qualify for a fee waiver)

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.

Certification (title protection only and cannot be obtained independently from the LMHP or LIMHP): If you wish to **add** Certification as a Professional Counselor (requires a master's degree from a CACREP accredited program or its equivalent); Certification as a Marriage and Family Therapist (requires a master's degree in marriage and family therapy from a COAMFTE accredited program or its equivalent), or Certification as a Master Social Worker (requires a master's degree in social work from a CSWE accredited program) in addition to an LIMHP (you must complete Attachment 1, 2 or 3 if your degree was not CACREP, COAMFTE, or CSWE accredited). In addition, you must complete an affidavit of supervised experience for social work or marriage and family therapy if you are adding either of these certifications.

Adding Certification to your License doesn't allow you to provide additional services, but allows you to use a different title to represent yourself, as defined in our Statutes relating to the Mental Health Practice Act, such as 'Licensed Independent Professional Counselor'.

This is the link to the statutes: <https://dhhs.ne.gov/Licensure/Pages/Mental-Health-and-Social-Work-Practice.aspx>

Translated 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.

License Fee Waiver: 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>

Application Instructions: Each Section of the application includes detailed instructions. **Changes may not be made to any information entered onto the Supervisors Affidavit.**

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/LISearch/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.

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: 402-471-4905 / FAX: 402-742-1106 / E-Mail: dhhs.licensure2117@nebraska.gov

INDEPENDENT MENTAL HEALTH PRACTITIONER LICENSE APPLICATION

SECTION A: PERSONAL INFORMATION			
1	You must print your <u>Legal Name</u> 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 #:
5	E-Mail Address:		
6	Social Security Number:		
	If you have an A# or I-94# check the correct box(s) and provide your number	A# or I-94#:	
<small><u>Neb. Rev. Stat.</u> §§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.</small>			
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:

➔ **US CITIZENSHIP/LAWFUL PRESENCE** (must be at least 19 years old). **You must submit evidence of:**

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.

SECTION B: FEES

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.

Independent License:

IF YOU HOLD AN ACTIVE LMHP IN NEBRASKA: Fees are based on the month and year your license will be issued.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$50	\$50	\$25	\$25	\$25	\$25	\$25	\$25	\$50	\$50	\$50	\$50
Odd Numbered Year	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50

IF YOU DO NOT HOLD an ACTIVE LMHP in Nebraska: Fees are based on the month and year your license will be issued.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$155	\$155	\$38.75	\$38.75	\$38.75	\$38.75	\$38.75	\$38.75	\$155	\$155	\$155	\$155
Odd Numbered Year	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155

Certification:

Fees:

Marriage and Family Therapist	If requesting CMFT, you must also be applying for or have a MHP or Independent MHP License in Nebraska) A master's degree in marriage and family therapy is required	\$50
		\$25 (if applying March-August Even # Year)
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)
Master Social Worker	If requesting CMSW and you will be providing mental health services, you must also be applying for or have a MHP or Independent MHP license in Nebraska) A master's degree in social work is required	\$50
		\$25 (if applying March-August Even # Year)
Master Social Work Certification Only (NOT requesting a MHP or Independent MHP License)		\$125
<p>If you select this certification and do not request or hold a Nebraska mental health practice license, you cannot provide mental health therapy; you may ONLY 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>		\$31.25 (if applying March-August Even # Year)

All credentials expire 9/1 of each even-numbered year

SECTION C: LICENSURE OPTIONS

There are 6 options for a license; you must check the option for which you are making application

Reciprocity: **RECIPROCITY BASED ON 1 YEAR OF PRACTICE**

I have at least 1 year of independent 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 independent 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 that you are a military spouse, 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

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.

Initial License:

To apply for **AN INITIAL Independent Mental Health Practice License**, you must currently hold a **Provisional Mental Health Practitioner license or Mental Health Practitioner license in Nebraska** and apply by Option 1, 2 or 3 below:

OPTION 1: **Accredited Program**

You must have graduated with a master's degree from a program which **was** accredited by one of the below named organizations (at the time of your graduation or within 4-years after your graduation). Check the appropriate accreditation below:

- CACREP
 COAMFTE
 CSWE

EXPERIENCE REQUIREMENTS: Post-master's supervision **for a total of 3,000 hours (or more)** of mental health practice (can be direct or non-direct) and included **at least 1,500 hours (or more) of experience with clients diagnosed** under the major mental illness or disorder category. You can view the definition of major mental illness/disorder at: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-094.pdf

This total experience must have been obtained **under the supervision** of a licensed physician, licensed psychologist, or licensed independent mental health practitioner. This may include experience gained under multiple supervisors, so long as your supervision **totals 3,000 hours**. These may or may not, be hours you previously used for issuance of an LMHP. Please discuss with your supervisor to identify your major mental illness/disorder hours, if you have questions about that experience.

➔ **OPTION 1 EXPERIENCE:** Your supervisor(s) must complete the Affidavit of Supervised Experience (attached as page 8), to verify your **post-master's** experience supervised by them, and to verify the # of hours of experience working with clients diagnosed under the major mental illness or disorder category.

OPTION 2: Equivalent to Accredited Program

If you graduated with a master's degree from a program with a mental health focus which was **NOT ACCREDITED** by CACREP, COAMFTE, or CSWE, but you believe is equivalent to their current standards, mark the accredited program you believe it's equal to:

- CACREP **complete ATTACHMENT 1**
 COAMFTE **complete ATTACHMENT 2**
 CSWE **complete ATTACHMENT 3**

EXPERIENCE REQUIREMENTS: Post-master's supervision **for a total of 3,000 hours (or more)** of mental health practice (regardless of whether it was direct or non-direct) which included **at least 1,500 hours (or more) of experience with clients diagnosed** under the major mental illness or disorder category. You can view the definition of major mental illness/disorder at: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-094.pdf

This total experience must have been obtained **under the supervision** of a licensed physician, licensed psychologist, or licensed independent mental health practitioner. This may include experience gained under multiple supervisors, so long as your supervision **totals 3,000 hours**. These may or may not, be hours you previously used for issuance of an LMHP. Please discuss with your supervisor to identify your major mental illness/disorder hours, if you have questions about that experience.

→OPTION 2 EXPERIENCE AND EDUCATION: You must submit:

- Experience:** Your supervisor(s) must complete the Affidavit of Supervised Experience (attached as page 7), to verify your **post-master's** experience supervised by them, and to verify the # of hours of experience working with clients diagnosed under the major mental illness or disorder category.
- Practicum/Internship:** You **must** submit the affidavit of practicum/internship. This practicum or internship must have been completed as part of your master's or doctorate degree program (not as work experience after your degree was issued).
NOTE: For CACREP equivalency review, there are 8 coursework areas AND a 700 hour practicum/internship requirement; this is more hours than Nebraska requires to issue a PLMHP or LMHP, so we do not have verification of this additional education on file.
- Eligibility Worksheets:** (attached pages 8-21) set out the current standards and must be submitted with copies of syllabi for each course you list (from the time you completed that course). Our review to determine equivalency, may take up to 30 days to complete. You may scan & email the syllabi to us.
- Official College/University Transcript:** If applying under OPTION 2 **OR** if this is your first application for a Mental Health credential, you must submit a current, Official Transcript. You may submit an Official paper transcript, or it may be submitted from the school, or **sent to us electronically by a transcript service to:** dhhs.licensure2117@nebraska.gov
 We do not accept copies of transcripts sent electronically to the applicant.

OPTION 3: At Least 10 years of supervised experience:

If you do not meet either option 1 or 2, you must have at least a master's degree from a program with a mental health focus and have earned the following experience.

EXPERIENCE REQUIREMENTS: Post-masters supervision **for a total of 7,000 hours (or more)** of mental health practice (regardless of whether it was direct or non-direct hours) which included **at least 3,500 hours of experience with clients diagnosed** under the major mental illness or disorder category.

This experience must have been obtained in a combined time period of **not less than 10 years** and **supervised** by a licensed physician, licensed psychologist, or licensed independent mental health practitioner. Experience isn't required to run concurrently and may include experience gained under multiple supervisors, so long as their individual qualified supervision totals 10 years, or more. You may wish to confer with your supervisor, to identify your major mental illness/disorder hours. These may or may not, be hours you previously used for issuance of an LMHP.

→OPTION 3 EXPERIENCE: You must submit:

Your supervisor(s) must complete the Affidavit of Supervised Experience (attached as page 7), to verify your **post-master's** experience supervised by them, and to verify the # of hours of experience working with clients diagnosed under the major mental illness or disorder category.

SECTION E: CERTIFICATE OPTIONSIf you are **ALSO** requesting a certificate, check the option for which you are making application

- Marriage and Family Therapist - requires master's degree in MFT
- Professional Counselor
- Master Social Worker – requires a master's degree in SW

SECTION F: EXAMINATION CATEGORYNot required if applying based on **RECIPROCITY with 5 YEARS PRACTICE**

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"/>
	<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		
	<input type="checkbox"/>	Other Examination, Name:		
2	Date of Examination:			
3	Have you ever been denied the right to take a license examination?			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If yes, explain:			

→ EXAMINATION: You must submit:

An **official** copy of your examination scores must be submitted to this office, if they are not already on file. To be official, the scores must be sent directly from the testing agency or another licensing board.

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).

SECTION G: CONVICTION AND LICENSE 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 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**.

→CONVICTION INFORMATION: You must submit:

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	
<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

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.

1	Do you currently hold or have you held a credential in a state or jurisdiction other than Nebraska?	What type of credential(s) do you hold or have you held?	What state(s) are/were you credentialed in?	Credential #
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
2	If you answered YES to #2 above, has your credential ever been refused renewal, limited, suspended, revoked, or had other disciplinary actions 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:

If applying based on reciprocity:

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.

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

→LICENSE INFORMATION: You must submit:

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. **AND**

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.

That document must provide your name; credential type; credential number; the current status of your credential (as of this date/not when it was originally issued), and a statement if there has ever been disciplinary action taken against your license. **(DO NOT send a copy of your license)**. If the state(s) offer an online verification which provides the details outlined above, you may go to their website, print a copy of that verification, and send via fax, email or mail. If they don't offer an online service, you'll need to contact them directly.

SECTION H: PRACTICE PRIOR TO LICENSE

If you practice prior to issuance of your license, 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 governing mental health practice.

Independent Mental Health services includes diagnosis & treatment of major mental illness/disorders, without supervision or consultation

No. I **have NOT** provided **independent** mental health services in Nebraska without a Nebraska LIMHP.

Yes. I **have** provided **independent** mental health services in Nebraska without a Nebraska LIMHP.

If **yes**, what are the actual number of days you practiced in Nebraska without such license and what is the business name, location and telephone number where practice took place:

Number of days:
Name of Business:
City:
Telephone #:

SECTION I: 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: _____

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

Note: If applying based on Reciprocity with 5 years of practice, you are not required to complete pages 8-21

Mail to: Licensure Unit
 PO Box 94986 - Lincoln, NE 68509-4986
 FAX to: 402-742-1106
 Email: DHHS.licensure2117@nebraska.gov

FOR LIMHP - AFFIDAVIT OF SUPERVISED EXPERIENCE
Supervisor must complete this form
DO NOT USE WHITE OUT OR ALTER THIS FORM

SECTION A: SUPERVISOR INFORMATION

1	Supervisor's Name:	First:	Middle:	Last:
2	Address Information	Street/PO/Route:		
		City:	State:	Zip:
3	Indicate the Type of License you hold:	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist <input type="checkbox"/> Independent Mental Health Practitioner License # _____ Date it was issued to you : _____		
4	Name of person you supervised:	First:	Last:	

SECTION B: SUPERVISED EXPERIENCE

OPTION 1 or OPTION 2: If the applicant is applying under either Option 1 or 2, provide the following information:

I supervised the applicant **for at least 3,000 hours** (or more) of mental health practice experience (regardless of whether it was direct or non-direct hours), **including at least 1,500 hours** (or more) of **experience with clients diagnosed** under the major mental illness or disorder category.

Effective 7.12.2021: This supervision must include:

- (A) A review of the diagnostic criteria for clients diagnosed with major mental disorders;
- (B) Evaluative face-to-face contact with a minimum cumulative ratio of 2 hours of face-to-face contact between the supervisee and a qualified supervisor per 15 hours of contact with clients diagnosed with major mental disorders, no more than 45 hours may be accumulated without such supervision. Face to face supervision may include interactive visual imaging assisted communication which is secure and confidential;
- (C) Supervised experience, which is not considered direct client contact, includes, but is not limited to, review of client records, case conferences, direct observation, or video observation; and
- (D) A licensed mental health practitioner seeking licensure as a licensed independent mental health practitioner must receive supervision of all direct client contact where the licensee is providing services to clients with major mental disorders. This supervision must last until the person receives the credential qualifying him or her for independent practice, not just during the period of time in which the specified number of hours is obtained.

OR

I supervised the applicant for **less than 3,000 hours**.

_____ List the total number qualifying mental health practice hours you supervised this applicant

_____ How many of those hours included experience with clients diagnosed under the major mental illness/disorder category

AND The applicant's total experience must have been obtained under supervision by a licensed physician, licensed psychologist, or licensed independent mental health practitioner.

The hours listed above were earned under MY supervision: From _____ to _____
 (month/day/year) (month/day/year)

City/State where Experience was completed: _____

Supervisor Signature for OPTION 1 or 2: I state that I am the supervisor completing this form and the statements are true and complete.

 (Print/type) Name of Supervisor Signature: _____ Date Signed: _____

OR**OPTION 3:** If the applicant is applying under this option, provide the following information:

I supervised the applicant **for a total of at least 7,000** hours of mental health practice (regardless of whether it was direct or non-direct hours) and of these hours **at least 3,500 hours included experience with clients diagnosed** under the major mental illness or disorder category.

Effective 7.12.2021: This supervision must include:

1. A review of the diagnostic criteria for clients diagnosed with major mental disorders;
2. Evaluative face-to-face contact with a minimum cumulative ratio of 2 hours of face-to-face contact between the supervisee and a qualified supervisor per 15 hours of contact with clients diagnosed with major mental disorders, no more than 45 hours may be accumulated without such supervision. Face to face supervision may include interactive visual imaging assisted communication which is secure and confidential;
3. Supervised experience, which is not considered direct client contact, includes, but is not limited to, review of client records, case conferences, direct observation, or video observation; and
4. A licensed mental health practitioner seeking licensure as a licensed independent mental health practitioner must receive supervision of all direct client contact where the licensee is providing services to clients with major mental disorders. This supervision must last until the person receives the credential qualifying him or her for independent practice, not just during the period of time in which the specified number of hours is obtained.

OR

I supervised the applicant for **less than 7,000** hours.

_____ List the total number of qualifying mental health practice hours you supervised this applicant

_____ How many of those hours included experience with clients diagnosed under the major mental illness/disorder category

AND The applicant's total experience must have been obtained in **10 years** or more and have been **supervised** by a licensed physician, a licensed psychologist, or a licensed independent mental health practitioner

The hours listed above were earned under MY supervision: From _____ to _____.
(month/day/year) (month/day/year)

City/State where Experience was completed: _____

Supervisor Signature for OPTION 3: I state that I am the supervisor completing this form and the statements are true and complete.

(Print/type) Name of Supervisor Signature: _____ Date Signed: _____



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit

P. O. Box 94986 - LINCOLN, NE 68509-4986

(402) 471-4905

Email: dhhs.licensure2117@nebraska.gov

**FOR MARRIAGE AND FAMILY THERAPY
POST-MASTER'S SUPERVISED EXPERIENCE VERIFICATION**

Supervisors must complete this Attachment. Each supervisor **MUST** sign and date this form to attest to the experience earned. **These hours MUST be earned after receipt of an approved masters' degree.**

WHITE OUT IS NOT ACCEPTABLE:

Changes to information entered onto this form are not acceptable unless the supervisor initials the changed information.

Name of Supervisor: _____ License #: _____

Name of Applicant: _____

Supervisor place a checkmark in the box by the license(s) you hold:

- Licensed Mental Health Practitioner Licensed Independent Mental Health Practitioner Psychologist Physician

The supervisor must hold a designation of approved supervisor from an association which establishes standards for marriage and family therapy in conformity with accepted industry standards

OR

- Marriage and Family Therapist** who has practiced for 5 years and has completed, at a minimum, a 5 hour supervision course that is provided, endorsed, or approved by the American Association of Marriage and Family Therapy or an association which has substantially similar standards to those of the American Association of Marriage and Family Therapy, and has received supervision by an American Association of Marriage and Family Therapy approved supervisor at least 1 hour per month for at least one year after completion of the supervision course.

SUPERVISORS: List only the hours that you personally supervised the applicant - note direct and non-direct hours are reported separately. Supervision Requirements include:

At least 3,000 hours of supervised experience during the five years preceding application for certification. The 3,000 hours must include a minimum of 1,500 hours of direct client contact. During the course of completing the client-contact hours, there must be at least 100 hours of supervisor-supervisee contact hours with a qualified supervisor and supervision must be provided at least 1 hour per week or 2 hours every 2 weeks; and (B) Supervised experience, which is not considered direct client contact, includes, but is not limited to, review of client records, case conferences, direct observation, or video observation.

1. _____ Number of direct (face-to-face) client contact (clock) hours (when reporting partial hours, use .25 increments)

2. _____ Number of **non-direct** clock hours

3. _____ Total number of clock hours of marriage and family therapy performed under my supervision.

4. List the dates the above hours of supervised marriage and family therapy **was completed (provide FULL dates)** under supervision within 5-years of this application.

Dates from _____ through _____
(month/day/year) (month/day/year)

Supervisor's Signature

I state that I am the person completing this form and the statements on this form are true and complete **AND** that I have supervised the hours reported above including at least 100 hours of supervisor-supervisee contact hours with me and supervision included at least 1 hour per week or 2 hours every 2 weeks.

(Print/type) SUPERVISOR Name and Title

Date Signed : _____

Signature

AGENCY/INSTITUTION

STREET ADDRESS

CITY STATE ZIP

Licensure Unit

P. O. Box 94986 - LINCOLN, NE 68509-4986

(402) 471-4905

Email: dhhs.licensure2117@nebraska.gov

**FOR MASTER SOCIAL WORKER
POST-MASTER'S SUPERVISED EXPERIENCE
VERIFICATION**

Supervisors must complete this Attachment. Each supervisor **MUST** sign and date this form to attest to the experience earned. **These hours MUST be earned after receipt of an approved masters' degree and under the supervision of a Certified Master Social Worker.**

WHITE OUT IS NOT ACCEPTABLE:

Changes to information entered onto this form are not acceptable unless the supervisor initials the changed information.

PART I - SUPERVISOR INFORMATION:

Name of Supervisor: _____ CMSW #: _____

Name of Applicant: _____

If hours are earned in another state, identify the credential you hold:

Name of Credential:

License/Certificate No:

PART II – MASTER SOCIAL WORK EXPERIENCE:

Supervision must be provided under a licensed independent clinical social worker or licensed clinical social.

SUPERVISORS: List only the hours that you personally supervised (when reporting partial hours, use .25 increments)

- Total number of clock hours of social work activities under my supervision: _____
(total clock hours)
- Dates the above hours were completed under my supervision (**provide FULL dates**): from _____ to _____
(month/day/year) (month/day/year)

MSW Activities include:

- Information, resource identification and development, and referral services
- Preparation & evaluation of psychosocial assessments & development of social work service plans
- Case management, coordination, and monitoring of social work service plans in the areas of personal, social, or economic resources, conditions, or problems
- Development, implementation, and evaluation of social work programs and policies
- Supportive contacts to assist individuals and groups with personal adjustment to crisis, transition, economic change, or a personal or family member's health condition
- Social casework for and prevention of psychosocial dysfunction, disability, or impairment
- Social work research, consultation, and education

Supervisor's Signature

I state that I am the person completing this form and the statements on this form are true and complete **AND** I have supervised the hours reported above.

(Print/type) SUPERVISOR Name and Title

Date Signed : _____

Signature

AGENCY/INSTITUTION

STREET ADDRESS

CITY STATE ZIP

ATTACHMENT 1
OPTION 2 – CACREP EQUIVALENCY
Eligibility Worksheet

Applicant's Name: _____

If you graduated with at least a master's degree from a program which was NOT accredited by CACREP, but you believe it is equivalent to a program accredited by CACREP, you must complete this eligibility worksheet which sets out the CACREP accreditation standards, regardless of what information was previously submitted for another credential. <https://www.cacrep.org/for-programs/>

YOU MUST SUBMIT A COURSE SYLLUBUS FOR EACH COURSE LISTED-FOR THE YEAR YOU COMPLETED THE COURSE.

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: _____

List below the course name, the course number and the name of the institution where the course was completed.

Coursework Areas Required by CACREP: Effective 7.1.2016

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

<i>Name of Course(s)</i>	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

<i>Name of Course(s)</i>	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
- h) direct experiences in which students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term

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

Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term that is a minimum of 10 weeks. Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.

After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialty area. K. Internship students complete at least 240 clock hours of direct service.

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)		

Mail to: Licensure Unit
PO Box 94986 - Lincoln, NE 68509-4986
FAX to: 402-742-1106
Email: DHHS.licensure2117@nebraska.gov

OPTION 2 – CACREP EQUIVALENCY ATTACHMENT 1A

**MASTER’S/DOCTORATE PRACTICUM OR
INTERNSHIP VERIFICATION**

This practicum or internship must have been completed as part of your degree program
(Not as work experience earned after your degree was issued).

NOTE: The LMHP required 300 hours, 700 hours is required for **CACREP** equivalency.

APPLICANT INFORMATION:

Name of Applicant: _____

SUPERVISOR INFORMATION:

Name of Supervisor: _____

Supervisor’s License #: _____ State in which Supervisor is/was Licensed: _____

City/State where Practicum/Internship was completed: _____

SUPERVISOR’S ATTESTATION:

The above named applicant has completed **at least 700** clock hours of Practicum and/or Internship as part of their master’s or doctoral degree program, and included **at least 280** hours of **direct service with clients**.

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

Date

(Print/type) SUPERVISOR Name & Title

AGENCY/INSTITUTION

STREET ADDRESS

CITY STATE ZIP

SIGNATURE OF SUPERVISOR **or** INTERNSHIP DIRECTOR

ATTACHMENT 2
OPTION 2 – COAMFTE EQUIVALENCY
Eligibility Worksheet

If you graduated with at least a master's degree from a program which was NOT accredited by COAMFTE, but you believe it is equivalent to a program accredited by COAMFTE, you must complete the following coursework which sets out the COAMFTE accreditation standards (2018), regardless of what information was previously submitted. <https://www.coamfte.org/>

Coursework Areas Required by COAMFTE: Version 12.0 Published 8.2017; Effective 1.1.2018

1: Foundations of Relational/Systemic Practice, Theories & Models

(Minimum of 6 semester credits/8 quarter credits/90 clock hours)

This area facilitates students developing competencies in the foundations and critical epistemological issues of MFTs. It includes the historical development of the relational/systemic perspective and contemporary conceptual foundations of MFTs, and early and contemporary models of MFT, including evidence-based practice and the biopsychosocial perspective.

Name of Course(s)	Course Number	College/University

2: Clinical Treatment with Individuals, Couples and Families *(Minimum of 6 Credits/8 quarter credits/90 clock hours)*

This area facilitates students developing competencies in treatment approaches specifically designed for use with a wide range of diverse individuals, couples, and families, including sex therapy, same-sex couples, working with young children, adolescents and elderly, interfaith couples, and includes a focus on evidence-based practice. Programs must include content on crisis intervention.

Name of Course(s)	Course Number	College/University

3: Diverse, Multicultural and/or Underserved Communities *(Minimum of 3 Credits/4 quarter credits/45 clock hours)*

This area facilitates students developing competencies in understanding and applying knowledge of diversity, power, privilege and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or beliefs, nation of origin or other relevant social categories throughout the curriculum. It includes practice with diverse, international, multicultural, marginalized, and/or underserved communities, including developing competencies in working with sexual and gender minorities and their families as well as anti-racist practices.

Name of Course(s)	Course Number	College/University

4: Research & Evaluation *(Minimum of 3 Credits/4 quarter credits/45 clock hours)*

This area facilitates students developing competencies in MFT research and evaluation methods, and in evidence-based practice, including becoming an informed consumer of couple, marriage, and family therapy research. If the program's mission, goals, and outcomes include preparing students for doctoral degree programs, the program must include an increased emphasis on research.

Name of Course(s)	Course Number	College/University

5: Professional Identity, Law, Ethics & Social Responsibility *(Minimum of 3 Credits/4 quarter credits/45 clock hours)*

This area addresses the development of a MFT Identity and socialization, and facilitates students developing competencies in ethics in MFT practice, including understanding and applying the AAMFT Code of Ethics and understanding legal responsibilities.

Name of Course(s)	Course Number	College/University

6: Biopsychosocial Health & Development Across the Life Span (Minimum of 3 Credits/4 quarter credits/45 clock hours)
This area addresses individual and family development, human sexuality, and bio-psycho-social health across the lifespan.

Name of Course(s)	Course Number	College/University

7. Systemic/Relational Assessment & Mental Health Diagnosis and Treatment (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area facilitates students developing competencies in traditional psycho-diagnostic categories, psychopharmacology, the assessment, diagnosis, and treatment of major mental health issues as well as a wide variety of common presenting problems including addiction, suicide, trauma, abuse, intra-familial violence, and therapy for individuals, couples, and families managing acute chronic medical conditions, utilizing a relational/systemic philosophy.

Name of Course(s)	Course Number	College/University

The following 2 areas must be covered in the curriculum in some way, though there are no minimum credit requirements.

8: Contemporary Issues

This area facilitates students developing competencies in emerging and evolving contemporary challenges, problems, and/or recent developments at the interface of Couple or Marriage and Family Therapy knowledge and practice, and the broader local, regional, and global context.

This includes such issues as immigration, technology, same-sex marriage, violence in schools, etc. These issues are to reflect the context of the program and the program's mission, goals, and outcomes. Programs are encouraged to innovate in this Foundational Curricular Area.

9: Community Intersections & Collaboration

This area facilitates students developing competencies in practice within defined contexts (e.g., healthcare settings, schools, military settings, private practice) and/or nontraditional MFT professional practice using therapeutic competencies congruent with the program's mission, goals, and outcomes (e.g., community advocacy, psycho-educational groups). It also addresses developing competency in multidisciplinary collaboration.

Name of Course(s)	Course Number	College/University

Mail to: Licensure Unit
PO Box 94986 - Lincoln, NE 68509-4986 FAX to:
402-742-1106
Email: dhhs.licensure2117@nebraska.gov

OPTION 2 – COAMFTE EQUIVALENCY ATTACHMENT 2A

**MASTER’S/DOCTORATE PRACTICUM OR
INTERNSHIP VERIFICATION**

This practicum or internship must have been completed as part of your degree program
(Not as work experience earned after your degree was issued).

NOTE: The LMHP required 300 hours, 500 hours is required for COAMFTE equivalency.

APPLICANT INFORMATION:

Name of Applicant: _____

SUPERVISOR INFORMATION:

Name of Supervisor: _____

Supervisor’s License #: _____ State in which Supervisor is/was Licensed: _____

City/State where Practicum/Internship was completed: _____

SUPERVISOR’S ATTESTATION:

The above named applicant has completed **at least 500** clinical contact hours with individuals, couples, families and other systems physically present, at least 40% of which must be relational as part of their master’s or doctoral degree program.

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

Date

(Print/type) SUPERVISOR Name & Title

AGENCY/INSTITUTION

STREET ADDRESS

CITY STATE ZIP

SIGNATURE OF SUPERVISOR or INTERNSHIP DIRECTOR

ATTACHMENT 3
OPTION 2 – CSWE EQUIVALENCY
Eligibility Worksheet

If you graduated with a master's or higher degree from a program which was NOT accredited by CSWE, but you believe it is equivalent to a program accredited by CSWE, review the information and descriptions of competencies provided in the Educational Policy and Accreditation Standards found at the following website: <https://www.cswe.org/Accreditation/Accreditation-Process>. List the courses you have completed in each of the following 9 competencies. (2015)

Competency 1: Demonstrate Ethical and Professional Behavior

Name of Course(s)	Course Number	College/University

Competency 2: Engage Diversity and Difference in Practice

Name of Course(s)	Course Number	College/University

Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice

Name of Course(s)	Course Number	College/University

Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice

Name of Course(s)	Course Number	College/University

Competency 4: Engage In Practice-informed Research and Research-informed Practice

Name of Course(s)	Course Number	College/University

Competency 5: Engage in Policy Practice

Name of Course(s)	Course Number	College/University

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

Name of Course(s)	Course Number	College/University

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities		
Name of Course(s)	Course Number	College/University

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities		
Name of Course(s)	Course Number	College/University

Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities		
Name of Course(s)	Course Number	College/University

Mail to: Licensure Unit
PO Box 94986 - Lincoln, NE 68509-4986 FAX
to: 402-742-1106
Email: dhhs.licensure2117@nebraska.gov

OPTION 2 – CSWE EQUIVALENCY ATTACHMENT 3A

**MASTER’S/DOCTORATE PRACTICUM OR
INTERNSHIP VERIFICATION**

This practicum or internship must have been completed as part of your degree program
(Not as work experience earned after your degree was issued).

NOTE: The LMHP required 300 hours, 900 hours is required for CSWE equivalency.

APPLICANT INFORMATION:

Name of Applicant: _____

SUPERVISOR INFORMATION:

Name of Supervisor: _____

Supervisor’s License #: _____ State in which Supervisor is/was Licensed: _____

City/State where Practicum/Internship was completed: _____

SUPERVISOR’S ATTESTATION:

The above named applicant has completed **at least 900** hours of field education demonstrating social work competencies through in-person contact with clients and constituencies as part of their master’s or doctoral degree program.

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

_____ Date (Print/type) SUPERVISOR Name & Title _____

_____ AGENCY/INSTITUTION _____

_____ STREET ADDRESS _____

_____ CITY STATE ZIP _____

_____ SIGNATURE OF SUPERVISOR or INTERNSHIP DIRECTOR _____