

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

You cannot provide more than a total of 30 days of professional services as a psychologist in Nebraska during the 12-month period following approval to practice in Nebraska.

**Requirements:** Applicants must submit documentation of:

- (A) A current license in another jurisdiction; and  
 (B) An official transcript, verifying completion of a doctoral degree from a program of graduate study in professional psychology from an institution of higher education. The transcript must be submitted directly from the issuing institution, the Association of State and Provincial Psychology Boards' credentialing data bank, or the National Register.

**License Fee Waiver:** If you meet one of the following waiver options, your license fee **is waived**:

- Young Worker:** You are between the ages of 19 and 25 (under the age of 26).
- 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.
- 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 Information

- 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:** You must have your school or electronic transcript service submit **directly to our office** an official college or university transcript. If sending by e-mail, send to [dhhs.licensure2117@nebraska.gov](mailto:dhhs.licensure2117@nebraska.gov). **Or may be sent by ASPPB's credentialing data bank or the National Register.** We **do not** accept copies of transcripts sent electronically to the applicant.
3. **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.

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

**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.

4. **Other Licensing Information:** You must submit verification of your current Psychology license (either by the State Licensing Board or an on-line license look-up) **and** a copy of the application requirements for that were in effect at the time your license was issued.
- Disciplinary Action:** If you have had any disciplinary action(s) taken against your licenses, you must submit a copy of the disciplinary action(s), including charges and findings.
5. **Fee:** \$50 (unless you qualify for a waiver).  
**Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.**

**NON-ENGLISH DOCUMENTS:** Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

**Application Processing:** You can check our website at <https://www.nebraska.gov/LISSearch/search.cgi> to verify receipt of your application. If your record shows 'status pending' your application has been received by the Department but has not been approved.

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

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

**Contact Information:** Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska 68509-4986  
 Telephone: 402-471-2117 / FAX: 402-742-1106 / E-Mail: [dhhs.licensure2117@nebraska.gov](mailto:dhhs.licensure2117@nebraska.gov)

Licensure Unit  
 P.O. Box 94986, Lincoln, Nebraska 68509-4986  
[Dhhs.licensure2117@nebraska.gov](mailto:Dhhs.licensure2117@nebraska.gov)  
 402-471-2117

**PSYCHOLOGY**  
**Application to Practice for**  
**30-Days within a 12-Month Period**

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"/> Check box if # Outside U.S.	<input type="checkbox"/> Mobile <input type="checkbox"/> Work	Ext:
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Secondary Phone Number: <input type="checkbox"/> Check box if # Outside U.S.	<input type="checkbox"/> Mobile <input type="checkbox"/> Work	Ext:
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E-Mail Address:	
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## SECTION C: APPLICATION FEES

**Fee: \$50**

(unless you qualify for a fee waiver, see below)

**Pay by check or money order to: Licensure Unit**

The cancelled check is proof of payment.  
Payment is processed upon receipt.  
We are unable to accept electronic payments.

### Fee Waivers

**LICENSE FEE WAIVER:** If the applicant meets one of the following options, the initial license fee is waived.

- 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

**SUBMIT an official transcript verifying receipt of the doctorate degree.** Must submit an Official paper transcript or request that your school **electronically submit directly to the following e-mail address:** [dhs.licensure2117@nebraska.gov](mailto:dhs.licensure2117@nebraska.gov) **or MAY BE SENT by ASPPB's credentialing data bank or the National Register.**

We do not accept copies of transcripts sent electronically to the applicant.

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:
		Is the program of graduate study in psychology accredited by the American Psychological Association (APA)?		

**SECTION E: CONVICTIONS**

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

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**SECTION F: OTHER LICENSES**

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

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

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

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

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

Explain:

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

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

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

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

Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of License:		State Licensed:	
	Type of License:		State Licensed:	
	Type of License:		State Licensed:	

If <b>YES</b> , 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 G: NATURE AND LOCATION OF PRACTICE

1	What is the nature of your practice in Nebraska?		
2	What is the location of your practice in Nebraska?	Zip Code:	
	Address Line 1:	City:	
	Address Line 2:	State:	
	Address Line 3:	County:	

## SECTION H: PRACTICE PRIOR TO BEING LICENSED BY NEBRASKA

An individual who practices in Nebraska prior to issuance of a license is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations governing psychology.

<input type="checkbox"/> <b>No. I <u>have NOT</u></b> practiced psychology in Nebraska without a credential before submitting this application?	
<input type="checkbox"/> <b>Yes. I <u>have</u></b> practiced psychology in Nebraska without a credential before submitting the application?	
If <b>YES</b> to the question above, what are the actual number of days you practiced psychology in Nebraska without a credential and what is the business name, location and telephone number of the practice:	Number of days:
	Name of Business:
	City:
	Telephone #:

## SECTION 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.

**OR**

I am **NOT** a citizen of the United States. I am a qualified alien under the federal Immigration and Nationality Act, or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.

I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.

I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

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

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_