



Department of Health and Human Service
Division of Public Health – Licensure Unit
301 Centennial Mall South - P.O. Box 94986
Lincoln, Nebraska 68509-4986
(402) 471-4905 cindy.l.kelley@nebraska.gov

**PSYCHOLOGY
APPLICATION TO PRACTICE FOR
30-DAYS WITHIN A ONE YEAR PERIOD**

(Print or Type)

Fee: \$50.00

Make payable to 'Licensure Unit'

To qualify for a 30-day practice, a person must hold a doctoral degree in psychology from an institution of higher education who is licensed as a psychologist under the laws of another jurisdiction and can not provide more than an aggregate of 30 days of professional services as a psychologist in Nebraska during the 12 month period beginning with the first date of issuance of a letter authorizing practice by this Department.

SECTION A – PERSONAL INFORMATION (All applicants must complete this section) This section is public information and will be displayed on the INTERNET http://www.nebraska.gov/LISSearch/search.cgi				
NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.				
1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other Names you are known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:

Additional information requested: (*This information is not displayed on the internet*)

3	Date of Birth:	Month/Day/Year:	Place of Birth:	City/State or Country:
4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);		SSN#
		<input type="checkbox"/> Alien Registration Number ("A#"); or		A#
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:		I-94 #
If you have both a SSN and an A# or I-94 number, you must report both. Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.				
5	Phone #: (optional)	Fax #: (optional)	E-Mail Address: (optional)	
6	Location of your Practice in Nebraska:	Street/PO/Route:		
		City:	State or Country:	Zip:
7	Nature of your Practice in Nebraska:			

If you are applying based on (check appropriate box): CPQ, ASPPB Reciprocity Agreement, or a current credential at the doctoral level as a Health Service Provider by the National Register of Health Service Providers, you are not required to complete the following section (Section B)

SECTION B - EDUCATION: You must possess a doctoral degree from a program of graduate study in professional psychology from an institution of higher education. The degree shall be obtained from a program of graduate study in psychology that meets the standards of accreditation adopted by the American Psychological Association. Any applicant from a doctoral program in psychology that does not meet such standards shall present a certificate of retraining from a program of respecialization that does meet such standards.

1	Institution Name					
	Address	Street/PO/Route:				
		City:	State:		Zip:	
	M/D/Y of Graduation		Degree:		Major:	
Is the program of graduate study in psychology accredited by the American Psychological Association (APA)? Yes <input type="checkbox"/> No <input type="checkbox"/>						
<i>(If the program is not accredited by APA, you must submit evidence that the program meets the standards of accreditation adopted by APA and complete the equivalency form)</i>						

SECTION C – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)
Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

NOTE: If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days <http://www.dhhs.ne.gov/reg/investi.htm> or by telephone at 402-471-0175.

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation (see page 6 of application).

Conviction Information:

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you EVER been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

Licensure Information:

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.

		Yes	No			
2	List the state(s) in which you are licensed as a Psychologist.	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?	
3	Do you hold any other license in health services, health-related services or environmental services in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>			
4	Has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of Entity taking Action
5	Have you ever been denied the right to take an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

SECTION D – PRACTICE PRIOR TO CREDENTIAL		
An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.		
1	I have practiced psychology in Nebraska before submitting the application? (Does not include practice while you held a previous 30 day approval)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____
		Name of Business: _____
		City: _____
		Telephone #: _____

SECTION E - ATTESTATION	
<u>Lawful Presence in the United States Attestation:</u>	
For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:	
<i>Please check the appropriate box below:</i>	
<input type="checkbox"/> I am a citizen of the United States.	
<input type="checkbox"/> I am an alien lawfully admitted into the United State who is eligible for a credential under the Uniform Credentialing Act.	
<input type="checkbox"/> I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States.	
If you are <u>not a citizen</u> of the United States, complete the following:	
For the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, I attest as follows:	
<input type="checkbox"/> I am a qualified alien under the Federal Immigration and Nationality Act.	
My immigration and alien number are as follows: _____ and I agree to provide a copy of my USCIS	
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.	
<u>Application Attestation:</u> I further attest that:	
1. I have read the application or have had the application read to me;	
2. All statements on the application are true and complete;	
3. I am of good character; and	
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. §§38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).	
Print Name: _____	
Signature: _____	Date: _____

Upon determination that the applicant has met the requirements of this section, the Board will issue a letter permitting the practice of psychology for an aggregate of 30 days within the subsequent year. The letter permitting the practice will automatically expire 1 year from the date of issuance. An individual's permission to practice under this section may be revoked if it is determined by the Department that s/he has engaged in conduct defined as illegal, unprofessional, or unethical under the statutes and rules and regulations governing the practice of psychology in Nebraska.



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CERTIFICATION OF PSYCHOLOGY LICENSURE

(This form or an alternate form containing the same information must be completed by certifying/licensing agency)
(Print or Type)

Our records indicate that _____ was licensed as a Psychologist on _____
(Applicants name)

and was issued license number _____ and expires _____

Examination Information: _____ Name of Examination

_____ Examination Score

It is further verified that based on the records in this Department, the applicant's license has:

a) been suspended, [] yes [] no

b) been revoked, [] yes [] no

If yes to any of the above, please explain _____

and has been maintained in good standing up to and including the present date, [] yes [] no and that so far as the records of this agency are concerned, the applicant is entitled to the endorsement of this agency.

Date: _____

Signature (No Stamp)

Name and Title

OPTIONAL:

Telephone Number: _____

Area Code

Licensing Agency

Address

(S E A L)

City/State/Zip Code



NOTE: In order for your application to be considered complete, all applicants **MUST** also submit a copy of the following documents:

1. Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a **copy** of at least one of the following documents:
 - (1) A U.S. Passport (unexpired or expired);
 - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 - (3) An American Indian Card (I-872);
 - (4) A Certificate of Naturalization (N-550 or N-570);
 - (5) A Certificate of Citizenship (N-560 or N-561);
 - (6) Certification of Report of Birth (DS-1350);
 - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - (8) Certification of Birth Abroad (FS-545 or DS-1350);
 - (9) A United States Citizen Identification Card (I-197 or I-179);
 - (10) A Northern Mariana Card (I-873);
 - (11) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - (13) A document showing an Alien Registration Number ("A#") with visa status; or
 - (14) A Form I-94 (Arrival-Departure Record) with visa status;
3. Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
 - (1) A copy of the court record, which includes charges and disposition;
 - (2) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - (3) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
 - (4) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
4. Credentiaing Info: If you hold/ have held a credential to provide health services, health-related services, or environmental services in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential (Attachment Q1)
5. Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition; and
6. Fee: The required fee.

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.