

This form may be completed online and mailed to the address listed below.



Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-2117

ATTACHMENT F

**APPLICATION TO TAKE THE EXAMINATION
 (National Counselor, Social Work, or Marriage
 and Family Therapy Examination)**

(Print or Type)

SECTION A - PERSONAL INFORMATION (All applicants must complete this section) Questions 1-4 are public information and will be accessible on the internet under: http://www.nebraska.gov/LISSearch/search.cgi				
1	Name:	First:	MI:	Last:
2	Public Address:	PO/Street/Route:		
		City:	State:	Zip:
3	Telephone #: (Optional)			
4	Date of Birth:	Place of Birth:		
(If your transcript does not verify proof of age, submit evidence of age of majority, ie: birth certificate, marriage license, driver's license, or similar documentation – YOU DO NOT NEED TO SEND THIS INFORMATION AGAIN IF YOU HAVE DONE SO ALREADY.)				
5	Social Security # (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB):			SS#:
6	Do You Have a Disability That Requires Any Accommodations for Taking the Examination?	YES	NO	If Yes, an "Accommodation Request" Form (Attachment C) must Be Requested from our office and Submitted prior to receiving authorization to test.

SECTION B - EXAMINATION CATEGORY Check the appropriate examination you wish to take. An individual who by reason of educational background is eligible for certification as a certified master social worker, a certified professional counselor, or a certified marriage and family therapist must take and pass the examination their educational background qualifies them for. An applicant who does <u>not</u> meet the educational background for one of the associated fields must take the NBCC/NCE or the NBCC/NCMHCE.	
<p><input type="checkbox"/> Social Work Examination: Association of Social Work Boards (ASWB) Examination</p> <p><input type="checkbox"/> Clinical Category (the clinical category must be taken if applying for a Mental Health Practitioner License For purposes of examination registration, you must print your name on the line below exactly as it appears on your current government-issued photo I.D.: _____</p> <p><input type="checkbox"/> Advanced Category (if applying only for CMSW and NOT LMHP) For purposes of examination registration, you must print your name on the line below exactly as it appears on your current government-issued photo I.D.: _____</p> <p><input type="checkbox"/> Marriage and Family Therapy Examination</p> <p><input type="checkbox"/> Association of Marital and Family Therapy Regulatory Boards (AMFTRB)</p> <p><input type="checkbox"/> National Counselor Examination</p> <p><input type="checkbox"/> National Counselor Examination (NCE); OR <input type="checkbox"/> National Clinical Mental Health Counselor Examination (NBCC/NCMHCE)</p>	<div style="text-align: center;"> <p>All examinations are administered via computerized testing.</p> </div> <p>Please submit this completed application to our office.</p> <p>In approximately 2 weeks you will receive the appropriate 'approval to test letter' and/or packet from our office. You will then follow the instructions provide to complete your examination registration process.</p> <p>DO NOT SUBMIT EXAMINATION FEES TO THIS OFFICE.</p>

IF YOU HAVE ALREADY SUBMITTED A PROVISIONAL LICENSE APPLICATION, YOU DO NOT NEED TO COMPLETE THIS SECTION OR ATTACHMENT F1. (please check the box below).

I have already submitted this information with my provisional license application

SECTION C – MENTAL HEALTH COURSEWORK:

YOU MUST SUBMIT: An official transcript verifying receipt of your master’s or doctorate degree

If you received a master’s degree from one of the following accredited programs, you do not have to complete the information listed below in coursework review:

Check applicable accreditation:

- Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
- Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Council on Social work Education (CSWE)
- American Psychological Association (APA)

COURSEWORK REVIEW

If you received a master’s degree from a program other than those listed as accredited, your degree must consist of course work and training which was primarily therapeutic mental health in content from an institution of higher education approved by the Council for Higher Education Accreditation (CHEA) or its successor; and you must submit course descriptions for each course(s) listed below (course descriptions may be copies found in the college catalogue, bulletin, or syllabus)

(Please list the name of the course, the course number and the name of the institution in which the course was completed).

PRACTICUM OR INTERNSHIP *(If completed after September 1, 1995, the practicum or internship must include a minimum of 300 clock hours of direct client contact of which 150 clock hours must be face-to-face in a work setting under the supervision of a qualified supervisor – Any artificial situation where a person presents a problem, such as role playing, is not acceptable) **Your supervisor or internship director must submit Attachment C1 to verify fulfillment of the practicum/internship requirement.***

Name of Course	Course Number	College/University

If your **practicum** was **completed prior to September 1, 1995**, there is no hour requirement and Attachment C1 is not required – however, you must still list the practicum/internship above.

Coursework Area Required by Nebraska

1. THEORIES AND TECHNIQUES OF HUMAN BEHAVIOR INTERVENTION: At least 6 semester hours or 9 quarter hours.
Courses that cover therapeutic techniques and strategies for human behavioral intervention. This includes major contributions of the biological, behavioral , cognitive, and social sciences relevant to understanding assessment and treatment of the person and his/her environment with emphases on the social systems framework, personality theories and individual development through the life cycle, and their application.

Name of Course(s)	Course Number	College/University

2. PROFESSIONAL ETHICS AND ORIENTATION: At least 3 semester hours or 4.5 quarter hours. The application of ethical and legal issues to the practice. Examples are: family law, codes of ethics, boundaries, peer review, record keeping, confidentiality, informed consent, and duty to warn.

Name of Course(s)	Course Number	College/University

3. ASSESSMENT TECHNIQUES REQUIRED FOR MENTAL HEALTH PRACTICE: At least 3 semester hours or 4.5 quarter hours. Includes the process of collecting pertinent data about client or client systems and their environment and appraising the data as a basis for making decisions regarding treatment and/or referral. Examples are: ability to make a clinical diagnostic impression, knowledge of psychopathology, and assessment of substance abuse and other addictions.		
<i>Name of Course(s)</i>	Course Number	College/University
4. HUMAN GROWTH AND DEVELOPMENT: At least 3 semester hours or 4.5 quarter hours. The intergration of the psychological, sociological and biological approaches within the life cycle. Examples are: awareness of culture, gender, or human sexuality at all developmental levels, human behavior (normal and abnormal), personality theory, and learning theory.		
<i>Name of Course(s)</i>	Course Number	College/University
5. RESEARCH AND EVALUATION: At least 3 semester hours or 4.5 quarter hours. Includes such areas as statistics or research design and development of research and demonstration proposals.		
<i>Name of Course(s)</i>	Course Number	College/University

Undergraduate Courses Graduate programs accepting an undergraduate course(s) as meeting the above course criteria will be acceptable. The school must submit a notarized letter, on institutional letterhead, from an authorized person, i.e., the Department Chair of the program, stating the undergraduate course(s) was accepted to meet the educational requirement(s) of the master's degree.

For Office Use Only Date reviewed: _____ by: _____

IF YOU HAVE ALREADY SUBMITTED AN OFFICIAL TRANSCRIPT, YOU DO NOT HAVE TO COMPLETE THIS SECTION (please check the box below).

I have already submitted an official transcript

SECTION D – EDUCATION (All applicants must complete this section and submit or cause to be submitted an Official transcript of a mental health related Master's degree. NOTE: THE MASTER'S DEGREE MUST BE CONFERRED BEFORE THE APPLICANT IS ELIGIBLE TO SIT FOR THE EXAMINATION.)			
<input type="checkbox"/>	Transcript attached		
<input type="checkbox"/>	Transcript forwarded:	Last name on the transcript:	
INSTITUTION Name			
Address		Street/PO/Route:	
		City:	State:
		Zip:	
Month and Year degree granted:			
Degree:			
Major:			

SECTION E – ATTESTATION All applicants must complete this section

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

(Signature of Applicant)
_____ date

FORWARD THIS COMPLETED FORM TO:

Licensure Unit
P. O. Box 94986
Lincoln, NE 68509-4986
(402) 471-2117

*If your practicum/internship was completed after
September 1, 1995,
this form **MUST** be completed by the
on-site supervisor or internship director.*

**AFFIDAVIT OF SUPERVISED
PRACTICUM OR INTERNSHIP FOR
MENTAL HEALTH PRACTICE**

I, _____,
(PRINT supervisor's name)

state that I am a qualified supervisor, in the profession of mental health practice marriage and family therapy
 social work psychology, and that I am acquainted with _____ and he/she
has completed a practicum/internship, which included a minimum of 300 clock hours of direct client contact of which 150 clock hours
must be face-to-face in a work setting, providing mental health services under my supervision.

Mental Health Services means treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals,
couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal
situations.

Marriage and Family Therapy: If the applicant is also applying for certification as a Marriage and Family Therapist, the following
must be completed:
I _____, further verify that the above named applicant has at least 300 clock hours of supervised
direct client contact with individuals, couples and families. Of these 300 hours, no more than 150 hours were with individuals.

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

Date

(Print/type) SUPERVISOR Name Title

License/Certificate number
of Supervisor

AGENCY/INSTITUTION

STREET ADDRESS

CITY STATE ZIP

SIGNATURE OF SUPERVISOR or INTERNSHIP DIRECTOR

You may make additional copies of this form if supervised by more than one supervisor