

Division of Public Health

State of Nebraska
Dave Heineman, Governor

June 27, 2012

Ryan C Ernst, PsyD
Madonna Rehabilitation Hospital
5401 South Street
Lincoln, NE 68506-2134

Dear Dr. Ernst:

Pursuant to the ORDER ON REINSTATEMENT, issued by the Chief Medical Director, Director, Division of Public Health on June 25, 2012, your Psychology License, No. 750 to practice in the State of Nebraska is reinstated.

Enclosed is your current large sized license and small licensure card, which do NOT have the term PROBATION imprinted on them.

If you have questions or concerns, please contact Kris Chiles, Office Administrator, at (402) 471-0185 or kris.chiles@nebraska.gov

Sincerely,


Helen L. Meeks, Administrator
Licensure Unit

HLM:kc

Enclosures: License #750

xc: Behavioral Health and Consumer Services
Ruth Schuldt, Compliance Monitor

**STATE OF NEBRASKA
THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH**

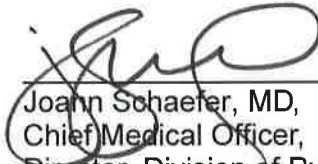
IN THE MATTER OF THE APPLICATION FOR)
REINSTATEMENT OF THE LICENSE) **ORDER ON REINSTATEMENT**
OF RYAN C ERNST PsyD)
TO PRACTICE AS A PSYCHOLOGIST)

The Director has received and reviewed:

1. The Agreement of the Applicant to accept the probation;
2. The Findings of Fact, Conclusions of Law and Decision on Application for Reinstatement from the Board of Psychology for early release from probation and full reinstatement of the license to practice psychology; and
3. The application for reinstatement and early release from probation, the Outpatient Treatment Program Discharge Summary, letters of support from the applicant's practice monitor and current employment supervisor, and the Department's probation monitor report
4. The original offer to issue the applicant's license on probation dated June 29, 2010.

The Director finds that the recommendation from the Board of Psychology is adopted, attached hereto and incorporated by reference.

Dated this 25 day of June, 2012.



Joann Schaefer, MD,
Chief Medical Officer,
Director, Division of Public Health
Department of Health and Human Services

CERTIFICATE OF SERVICE

COMES NOW the undersigned and certifies that on the 27 day of June 2012, a copy of the foregoing ORDER ON REINSTATEMENT was sent by United States mail, postage prepaid, return receipt requested, to Ryan C Ernst, Madonna Rehabilitation Hospital, 5401 South Street, Lincoln, Nebraska 68506-2134, and to Julie Agena, Assistant Attorney General, 2115 State Capitol, by interagency mail. JC ✓



Kris Chiles, Office Administrator
Licensure Unit, Division of Public Health
Department of Health and Human Services

TO: Joann Schaefer, MD, Chief Medical Officer and Director

CERTIFICATION OF RECORD

I, Kris Chiles, Office Administrator, Licensure Unit, Division of Public Health, Department of Health and Human Services, State of Nebraska, do hereby certify that the attached and herein listed below documents are true and correct copies of the complete record of the proceedings before the Board of Psychology in the matter of Ryan C Ernst, PsyD.

1. The Agreement of the Applicant to accept the probation.
2. The Findings of Fact, Conclusions of Law and Recommendation on Application for Reinstatement from the Board of Psychology for early release from probation and full reinstatement of the license to practice psychology.
3. The application for reinstatement and early release from probation, the Outpatient Treatment Program Discharge Summary (12/15/2011), letters of support from the applicant's practice monitor and current employment supervisor, and the Department's probation monitor report.
 - The treatment program therapist indicates that Dr. Ernst is discharged from his therapy services and to schedule future therapy sessions on an as-needed basis. The recommendations identified in the original evaluation, dated 12-15-2008, indicated that therapy should be at least monthly for as long as the applicant was on probationary status.
 - Diagnosis: No diagnosis or condition on Axis I, Obsessive Compulsive Personality Disorder;
4. The original offer to issue the applicant's provisional license on probation dated June 29, 2010.

Said record is being transmitted to you for action under the provisions of Title 184 NAC 1-006.004.

This certificate, which bears the seal of the Department of Health and Human Services of the State of Nebraska, was signed on June 14, 2012

Kris Chiles

Kris Chiles, Office Administrator
Behavioral Health and Consumer Services
Licensure Unit

Sworn to and subscribed before me on the 14th day of June, 20 12.

Beth Sorensen
Notary Public

My Commission expires: 7-20-15



BEFORE THE BOARD OF
PSYCHOLOGY
STATE OF NEBRASKA

IN THE MATTER OF THE APPLICATION FOR)
REINSTATEMENT OF THE LICENSE)
OF RYAN C ERNST, PsyD TO PRACTICE)
AS PSYCHOLOGIST)

FINDINGS OF FACT, CONCLUSIONS
OF LAW, AND RECOMMENDATION
ON APPLICATION FOR REINSTATEMENT

On May 18, 2012, the Board of Psychology reviewed at its meeting the reinstatement application for early release from probation, the Department's probation monitor report, the practice monitor report, the discharge summary, a letter from the current supervisor and the original offer to issue the applicant's license on probation dated June 29, 2010, relating to Ryan C Ernst, License No. 750 to practice psychology in the State of Nebraska.

On April 30, 2012, the complete application for reinstatement was submitted and received by the Department.

The members of the Board, having reviewed the above-identified documents, make the following Findings of Fact, Conclusions of Law, and Recommendation.

FINDINGS OF FACT

1. The applicant appears to have complied with the terms of his probation.
2. The Board has received letters of support, regarding the applicant, from three psychologists: the applicant's Practice Monitor, Treating Psychologist, and Director at his current place of employment.
3. The applicant appears to have maintained personal and professional stability for the past 3 years.

CONCLUSION OF LAW

The Board of Psychology has jurisdiction over this matter pursuant to Neb. Rev. Stat. 38-149. The Applicant has met the procedural requirements for consideration of reinstatement; this matter is properly before the Board for consideration on the merits of the Application for Reinstatement of the license of Ryan C Ernst to practice as a Psychologist. Based upon the above identified record, the Board finds that the Applicant has met all conditions of reinstatement.


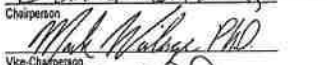
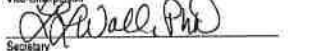
DECISION

The Board of Psychology hereby recommends reinstatement of the License of Ryan C Ernst on a motion made by Wall and seconded by Van Winkle, to approve the reinstatement. Board members Carver, Curran, Rentmeester, Van Winkle, and Wall voted in favor of the motion to approve reinstatement; Weilage abstained; and Mulliner was absent.

Dated this 31st, day of May, 2012.

THE BOARD OF PSYCHOLOGY:

Officers:


Chairperson

Vice-Chairperson

Secretary

CERTIFICATE OF SERVICE

COMES NOW the undersigned and certifies that on the 31st day of May, 2012, a copy of the foregoing FINDINGS OF FACT, CONCLUSION OF LAW, AND ORDER ON APPLICATION FOR REINSTATEMENT was sent by certified United States mail, postage prepaid, return receipt requested, to Ryan C Ernst, and to Assistant Attorney General, 2115 State Capitol, by interagency mail.



Kris Chiles, Office Administrator
Licensure Unit
Nebraska Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509
402-471-2117

7010 3090 0001 5359 4654

7011 1570 0001 7619 5803

✓ Resent 6-11-12



Division of Public Health

Please reply to: Division of Public Health, Licensure Unit
P.O. Box 94986, Lincoln, NE 68509-4986
Phone 402-471-2117 FAX: 402-471-3577
License verifications at: www.dhhs.ne.gov/lis/lisindex.htm

State of Nebraska

Dave Heineman, Governor

June 29, 2010

Ryan C. Ernst
4545 S. 86th Street
Lincoln NE 68526

Dear Mr. Ernst:

This letter provides notification that the Department of Health and Human Services, Division of Public Health, based upon the recommendation of the Board of Psychology is offering to issue to you a **Probationary License**, to practice as a **Psychologist** in the State of Nebraska.

If you accept this offered license, the probationary period shall be until 4-17-2014 which will continue the 5 year probationary period of your Provisional Psychology license. The following are the terms and conditions of the probationary license:

- 1) Refrain from solo practice. You may only practice in a setting where you are employed as a psychologist by an agency/organization that provides psychological services.
- 2) Continue to follow the recommendations of the Psychological Evaluation completed by John W. Herdman, Ph.D., LADC, ICADC, of Parallels, dated 12-15-08. Those recommendations are:
 - Continue your therapeutic relationship with a psychologist in order to address your "vulnerabilities" and to increase your awareness of risk factors in making ethical decisions.
 - Therapy should be at least monthly for as long as you are on probationary status.
 - That you be supervised and mentored in all aspects of your practice of psychology, especially in setting boundaries and maintenance of ethical behavior.

To comply with the recommendations, refer to your authority letter to practice as a Provisional Psychologist (copy enclosed).

- 3) Appear before the Board of Psychology at their request.
- 4) Provide notice to your employer/any potential employer for whom you provide services as a **Psychologist** of the probation requirements by providing them with a copy of this letter; and inform any such employer that they must submit quarterly reports. These reports need to describe your work habits, work-related performances, attendance, and rapport and conduct with co-workers/clients/employer.

To comply with the condition for completion and submission of reports from your employer/supervisor, I have enclosed an Employer Report form on which this information is to be provided. These reports are to be completed and submitted on a **quarterly** basis by the 5th day of the quarter during the term of probation, beginning (month, year).

I have enclosed an Employment Verification form, which you are to have your employer complete and return when you commence practicing.

The reason(s) for these probationary term(s) and condition(s) are as follows:

1. Diagnosis

An Axis II diagnosis of 301.40, Obsessive Compulsive Personality Disorder, as identified in the Psychological Evaluation completed by John W. Herdman, Ph.D., LADC, ICADC, dated 12-15-08.

2. Unprofessional Conduct

During the time you held a provisional license as a mental health practitioner and registration as a psychological Assistant, you reported to Dr. Herdman during the December 2008 Psychological Evaluation, that you provided 4-5 therapy sessions to a woman whom you later started dating and subsequently married. You further indicated that you decided to leave the field of psychology in order to continue the relationship with this woman.

3. Lack of Good Character

As a licensed individual you are expected to demonstrate good character by complying with the laws and not engaging in unprofessional acts.

These probationary terms and conditions are imposed pursuant to:

Neb. Rev. Stat. §38-178 which states: Except as otherwise provided in sections 38-1,119 to 38-1,123, a credential to practice a profession may be denied, refused renewal, or have other disciplinary measures taken against it in accordance with section 38-185 or 38-186 on any of the following grounds: (23) Unprofessional conduct as defined in section 38-179, which authorizes such to be defined in rules and regulations, specifically 172 NAC 94 for mental health practitioners.

94-016.05 Dual Relationship: Licensees and/or certificate holders must make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, licensees and/or certificate holders should take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with a client. Sexual intimacy with a client 6 months preceding the provision of professional services is prohibited. Sexual intimacy with a former client for 2 years following the termination of therapy is prohibited.

Neb. Rev. Stat. §38-129 which states that no individual shall be issued a credential under the Uniform Credentialing Act until he or she has furnished satisfactory evidence to the Department that he or she is of good character.

If you accept the **Probationary** License, you need to complete the enclosed Request Issuance of License form to inform us of your decision within 30 days of receipt of this letter. Your decision to accept this license:

- A. requires that you practice under and comply with the **Probationary** terms and conditions that are stated in this letter; and your failure to comply with the terms and conditions is a ground for further disciplinary action against your license
- B. will be entered in and shown on the public licensure records as a disciplinary action;
- C. will be reported to any data banks to which such information is required to be reported; and
- D. nullifies the right to appeal the issuance of a **Probationary** license.

Following issuance of this license, your compliance with the herein stated terms and conditions will be monitored by the person whose name appears below. Therefore, you are to submit all reports and direct all questions to this person.

Ruth Schuldt, RN, BS - Compliance Monitor
Licensure Unit - P. O. Box 94986
Lincoln, NE 68509-4986
Phone # 402-471-0313

If you notify the Department in writing you have discontinued practicing in Nebraska and do not practice any place else, the **Probationary** terms and conditions will not be in effect and we will discontinue monitoring your compliance with them. However if you do practice after such notification you will be practicing in violation of this authority and may be subject to discipline.

If you practice or reside in a jurisdiction other than Nebraska, such practice or residency shall not serve to reduce or satisfy the **Probationary** terms and conditions unless that jurisdiction adopts the **Probationary** terms and conditions that are on your Nebraska license. If this situation should occur, you may submit proof by certified record of the other jurisdiction that such **Probationary** terms and conditions have been met. This information shall be deemed sufficient to satisfy the Nebraska **Probationary** terms and conditions.

IF YOU DO NOT ACCEPT the issuance of a **Probationary** License, you may appeal this decision. Such appeal must be made in writing within thirty (30) days of receipt of this letter. If you request a hearing, you will be notified of the date, time and place of the hearing and other pertinent information as required by law. You may request a copy of the Department's Rules of Practice and Procedure that further explain your rights in relation to that hearing.

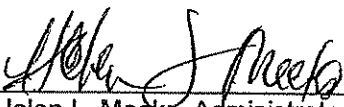
Such appeal voids the offer to issue a **Probationary** license. Therefore you are not authorized to practice during the course of the appeal.

If you do not respond by indicating an acceptance of the herein offered license or by requesting a hearing, we will close your application file and refund the license fee you submitted except for a \$25 administrative fee.

Please submit to the Licensure Unit any change of address so that information may promptly reach you. If you have questions, please contact Kris Chiles, Office Administrator, Office of Behavioral Health and Consumer Services, at (402) 471-2117.

Sincerely,

Joann Schaefer, M.D., Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services


By Helen L. Meeks, Administrator
Licensure Unit

JS/HLM:kc
Enclosures
Cc: Compliance Monitor
Office Administrator

Sent by Certified Mail

7008 1140 0003 6397 6429

Division of Public Health
Licensure Unit

Request Issuance of License

Provisionally Licensed Psychologist

Probation through 4-17-2014

I, Ryan C. Ernst, having received notification of the offer to issue to me a License to practice as a **Psychologist** under certain **probationary terms and conditions**, do hereby accept the offering and request the Division to issue my license in accordance with the limitations or terms and conditions specified in the notification.

Further, I will abide by the limitation(s) or terms and conditions under which my license is issued.

Applicant's Signature

Date

5. Additional comments (complaints from clients, co-workers, disciplinary actions etc.).

(Signature and Title)

(Date)

Please Make Sufficient Copies of this form for Future Use

Mail to: Ruth Schuldt, RN, BS
DHHS-Division of Public Health
Licensure Unit
P. O. Box 94986
Lincoln, NE 68509-4986

Phone: (402) 471-0313
Fax: (402) 471-1066

DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT

EMPLOYMENT VERIFICATION FORM

I, _____, do hereby certify that Ryan C. Ernst

is employed by _____
Facility/Agency Name

at the address of _____

and telephone number of _____ on _____
(Date)

and that his first day of work at this facility was _____
(Date)

I acknowledge knowing that, as the employer of Ryan C. Ernst, he has provided,
and I have reviewed, a copy of his AUTHORITY TO PRACTICE letter.

Mail to: Ruth Schuldt, RN, BS
Compliance Monitor
Dept. of Health & Human Services
Division of Public Health-Licensure Unit
P. O. Box 94986
Lincoln, Nebraska 68509-4986
Phone: (402) 471-0313

(Signature)

(Title/Position)

(Date)

State of Nebraska
 Department of Health and Human Services
 Division of Public Health

License Type: **Psychologist**

License No. 750 Expires: 01/01/2011

Ryan C Ernst, PsyD
 4545 S 86 ST
 Lincoln, NE 68526

SEAL

PROBATION

John Schaefer
 Administrator, Licensure Unit

Signature

- Please find enclosed your small-sized licensure/certification/registration card, which shows the expiration date. You will be sent written notification of the need to renew your license/certificate/registration at least 30 days in advance of the expiration date.
- Please submit to the Licensure Unit any change of address so that information may promptly reach you.
- You may update your address at www.dhhs.ne.gov/crl/crlindex.htm
- If you have a name change or lose your card, please contact the Licensure Unit at 402-471-2115.

Since you have met all the requirements for a Nebraska Psychologist license, you are hereby granted a license. Attached is a small-sized licensure card and a large-sized license. Congratulations and best wishes for the successful practice of your profession.

LICENSURE RENEWAL: You will be required to renew your license January 1 of each odd numbered year. Continuing education will NOT be required for the first renewal (at the time of renewal, you will check the exemption which states you were first licensed within the previous 24 months). Each renewal thereafter, you will be required to complete 24 hours of continuing education within the 2 year renewal period.

This license shall be kept available in the place where the licensee practices and such proof of credentialing shall be shown upon request

State of Nebraska
 Department of Health and Human Services
 Division of Public Health

This is to certify that **Ryan C Ernst, PsyD**
 Having submitted satisfactory evidence of compliance with the laws of the State of Nebraska is hereby granted
 License No. **750** to practice as a
Psychologist

PROBATION

Given under the name and Seal of the Department of Health and Human Services Division of Public Health of the State of Nebraska, at Lincoln, on **07/01/2010**

Board of Psychology

David A. Horne, PhD
 Chairman

Mark Mahoney, PhD
 Vice Chairman

John Wall, PhD
 Secretary

John Schaefer, MD
 Chief Medical Officer, Director
 Division of Public Health, Department of Health and Human Services

Dave Heineman
 Dave Heineman, Governor

SEAL
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 STATE OF NEBRASKA
 EST. JULY 1, 2009

U.S. Patent #4,928,875
 365045

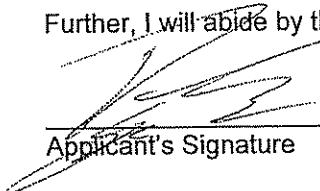
Division of Public Health
Licensure Unit

Request Issuance of License
Provisionally Licensed Psychologist

Probation through 4-17-2014

I, Ryan C. Ernst, having received notification of the offer to issue to me a License to practice as a **Psychologist** under certain **probationary terms and conditions**, do hereby accept the offering and request the Division to issue my license in accordance with the limitations or terms and conditions specified in the notification.

Further, I will abide by the limitation(s) or terms and conditions under which my license is issued.



Applicant's Signature

6/30/2010
Date

750
7-1-10

LICENSURE UNIT

JUL 01 2010

RECEIVED



Division of Public Health

Please reply to: Division of Public Health, Licensure Unit
P.O. Box 94986, Lincoln, NE 68509-4986
Phone: 402-471-2117 FAX: 402-471-3577
License verifications at: www.dhhs.ne.gov/lis/lisindex.htm

State of Nebraska

Dave Heineman, Governor

January 27, 2009

Ryan C. Ernst
2822 O'Shea Drive
Lincoln NE 68516

Dear Mr. Ernst:

This letter provides notification that the Department of Health and Human Services, Division of Public Health, based upon the recommendation of the Board of Psychology is offering to issue to you a **Probationary License**, to practice as a **Provisionally Licensed Psychologist** in the State of Nebraska.

If you accept this offered license, the probation would be effective for **5 years** starting on the date the license would be issued. The following are the terms and conditions of the probationary license:

- 1) Refrain from solo practice. You may only practice in a setting where you are employed as a psychologist by an agency/organization that provides psychological services.
- 2) Follow the recommendations of the Psychological Evaluation completed by John W. Herdman, Ph.D., LADC, ICADC, of Parallels, dated 12-15-08. Those recommendations are:
 - That Dr. Ernst identifies a therapist (psychologist with whom to establish a long-term therapeutic relationship in order to address his "vulnerabilities" and to increase his awareness of risk factors in making ethical decisions. The issues identified in this psychological evaluation could serve as a starting focus of such treatment.
 - Therapy should be at least monthly for as long as Dr. Ernst is on probationary status; more than monthly initially.
 - That he be supervised and mentored in all aspects of his practice of psychology, especially in setting boundaries and maintenance of ethical behavior.
 - That he attends and completes training on Risk Management in Psychological Practice. The American Psychological Association Insurance Trust (known as "The Trust") offers such Continuing Education (CE).

To comply with the first two recommendations, you must obtain ongoing therapy with a psychologist during the duration of your probation. You must begin this therapy within the first month of being issued your license and the psychologist must submit a report to the Department after the first 3 months of therapy and every 6 months thereafter. The reports must address attendance, clinical impressions, goals of therapy and therapy progress. You must provide the psychologist with a copy of this letter and Dr. Herdman's Psychological Evaluation. Enclosed is a Therapy Verification form the psychologist must complete and submit to the Department when you commence therapy.

To comply with the third recommendation, you must obtain a psychologist who will serve as a practice monitor for you during the course of your probation. You must obtain Board approval of the practice monitor selected. The practice monitor must meet with you face-to-face a minimum of 1 hour every 2 weeks. The purpose is to review your practice and provide feedback, guidance, direction, and suggestions for change to enhance competence and ethical service delivery. The mentoring sessions must address such topics as boundaries, ethics and a review and discussion of the required continuing education training on ethics you must complete. The practice monitor must submit quarterly reports to the Department by the 5th of January, April, July and October of each year of probation.

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To comply with the fourth recommendation, you must complete a minimum of a 6 hour continuing education program on ethics addressing such topics as boundaries, relationships and other relevant ethical areas. You must obtain Board approval of the program prior to attendance. As indicated above, the content of this continuing education program must be reviewed and discussed with your practice monitor.

- 3) Appear before the Board of Psychology at their request.
- 4) Provide notice to your employer/any potential employer for whom you provide services as a **Provisionally Licensed Psychologist** of the probation requirements by providing them with a copy of this letter; and inform any such employer that they must submit quarterly reports. These reports need to describe your work habits, work-related performances, attendance, and rapport and conduct with co-workers/clients/employer.

To comply with the condition for completion and submission of reports from your employer/supervisor, I have enclosed an Employer Report form on which this information is to be provided. These reports are to be completed and submitted on a **quarterly** basis by the 5th day of the quarter during the term of probation, beginning (month, year).

I have enclosed an Employment Verification form, which you are to have your employer complete and return when you commence practicing.

The reason(s) for **these probationary term(s) and condition(s)** are as follows:

1. Diagnosis

An Axis II diagnosis of 301.40, Obsessive Compulsive Personality Disorder, as identified in the Psychological Evaluation completed by John W. Herdman, Ph.D., LADC, ICADC, dated 12-15-08.

2. Unethical Behavior When Previously Licensed

In your Psychological Evaluation completed by Dr. Herdman, you acknowledged providing 4-5 sessions of therapy to a woman whom you later started dating and subsequently married. You indicated that your supervisor found out about the relationship and confronted you. During the time you were dating this woman, you held a provisional license as a mental health practitioner and registration as a psychological Assistant. You further indicated that you decided to leave the field of psychology and continue the relationship with the woman. In May of 2003 you requested to withdraw your provisional license as a mental health practitioner and your request to appeal the denial of your application for provisional licensure as a psychologist.

These probationary terms and conditions are imposed pursuant to:

Neb. Rev. Stat. §38-178 which states: Except as otherwise provided in sections 38-1,119 to 38-1,123, a credential to practice a profession may be denied, refused renewal, or have other disciplinary measures taken against it in accordance with section 38-185 or 38-186 on any of the following grounds: (23) Unprofessional conduct as defined in section 38-179.

Neb. Rev. Stat. §38-179 states: For purposes of section 38-178, unprofessional conduct means any departure from or failure to conform to the standards of acceptable and prevailing practice of a profession or the ethics of the profession, regardless of whether a person, consumer, or entity is injured, or conduct that is likely to deceive or defraud the public or is detrimental to the public interest.

Neb. Rev. Stat. §38-129 which states that no individual shall be issued a credential under the Uniform Credentialing Act until he or she has furnished satisfactory evidence to the Department that he or she is of good character.

If you accept the **Probationary** License, you need to complete the enclosed Request Issuance of License form to inform us of your decision within 30 days of receipt of this letter. Your decision to accept this license:

- A. requires that you practice under and comply with the **Probationary** terms and conditions that are stated in this letter; and your failure to comply with the terms and conditions is a ground for further disciplinary action against your license
- B. will be entered in and shown on the public licensure records as a disciplinary action;
- C. will be reported to any data banks to which such information is required to be reported; and
- D. nullifies the right to appeal the issuance of a **Probationary** license.

Following issuance of this license, your compliance with the herein stated terms and conditions will be monitored by the person whose name appears below. Therefore, you are to submit all reports and direct all questions to this person.

Ruth Schuldt, RN, BS - Compliance Monitor
Licensure Unit
P. O. Box 94986
Lincoln, NE 68509-4986
Phone # 402-471-0313

If you notify the Department in writing you have discontinued practicing in Nebraska and do not practice any place else, the **Probationary** terms and conditions will not be in effect and we will discontinue monitoring your compliance with them. However if you do practice after such notification you will be practicing in violation of this authority and may be subject to discipline.

If you practice or reside in a jurisdiction other than Nebraska, such practice or residency shall not serve to reduce or satisfy the **Probationary** terms and conditions unless that jurisdiction adopts the **Probationary** terms and conditions that are on your Nebraska license. If this situation should occur, you may submit proof by certified record of the other jurisdiction that such **Probationary** terms and conditions have been met. This information shall be deemed sufficient to satisfy the Nebraska **Probationary** terms and conditions.

IF YOU DO NOT ACCEPT the issuance of a **Probationary** License, you may appeal this decision. Such appeal must be made in writing within thirty (30) days of receipt of this letter. If you request a hearing, you will be notified of the date, time and place of the hearing and other pertinent information as required by law. You may request a copy of the Department's Rules of Practice and Procedure that further explain your rights in relation to that hearing.

Such appeal voids the offer to issue a **Probationary** license. Therefore you are not authorized to practice during the course of the appeal.

If you do not respond by indicating an acceptance of the herein offered license or by requesting a hearing, we will close your application file and refund the license fee you submitted except for a \$25 administrative fee.

Please submit to the Licensure Unit any change of address so that information may promptly reach you. If you have questions, please contact Kris Chiles, Office Administrator, Office of Behavioral Health and Consumer Services, at (402) 471-2117.

Sincerely,

Joann Schaefer, M.D., Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services


By Helen L. Meeks, Administrator
Licensure Unit

JS/HLM:kc
Enclosures

Cc: Compliance Monitor
Office Administrator

Sent by Certified Mail

Nebraska Department of Health and Human Services Division of Public Health

Licensure Unit • P.O. Box 94986 • Lincoln, NE 68509

ADDRESS CHANGE FORM

Name _____
First Middle Maiden Last

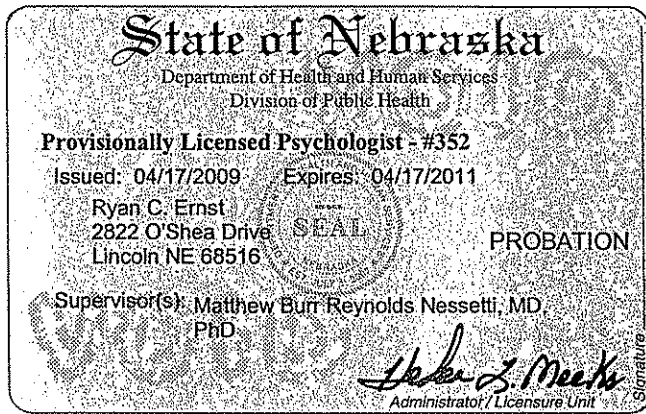
Old Address _____
Street City State Zip

New Address _____
Street City State Zip

License/Certificate/Registration No. _____ Profession _____

Signature _____

8510052350 ©2008, RR Donnelley. All rights reserved. PressureSeal Patents 4,918,128 - 6667

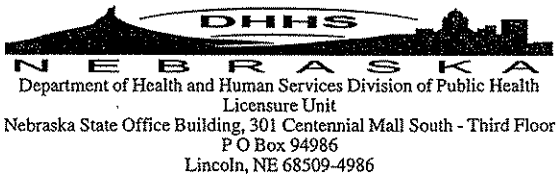


- Please find enclosed your small-sized licensure/certification/registration card, which shows the expiration date. You will be sent written notification of the need to renew your license/certificate/registration at least 30 days in advance of the expiration date.
- Please submit to the Licensure Unit any change of address so that information may promptly reach you.
- You may update your address at www.dhhs.ne.gov/crl/crlindex.htm
- If you have a name change or lose your card, please contact the Licensure Unit at 402-471-2115

This acknowledges receipt of your application as a provisionally licensed psychologist and supervisor relationship agreement for post-doctoral experience. The attached card provides the PLP number, the effective date and the expiration date.

CHANGES IN SUPERVISION: 1) if the supervisory relationship should change, a new application is required and must be approved by this office before additional hours can be accumulated; or 2) if the supervisory relationship is terminated a notice of termination must be sent to our office. If you have any question, contact this office at 402-471-2117

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS



Important Document Enclosed Open Carefully

Ryan C. Ernst
 2822 O'Shea Drive
 Lincoln NE 68516

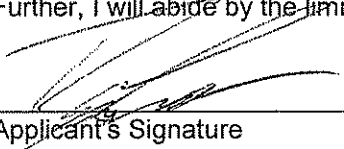
LICENSURE UNIT
FEB 03 2009
RECEIVED

Division of Public Health
Licensure Unit

Request Issuance of License
Provisionally Licensed Psychologist

I, Ryan C. Ernst, having received notification of the offer to issue to me a License to practice as a **Provisionally Licensed Psychologist** under certain **probationary terms and conditions**, do hereby accept the offering and request the Division to issue my license in accordance with the limitations or terms and conditions specified in the notification.

Further, I will abide by the limitation(s) or terms and conditions under which my license is issued.



Applicant's Signature

2-2-09
Date

NEED
PROV. SUPERVISOR
TO ISSUE PLMHP