

Lifelong Learning Fund

Application Questions Guide

This document includes the program's eligibility criteria and a copy of the application questions.

Applications for this program are accepted three times a year exclusively through the official application platform. Submissions or responses provided outside the designated application periods or through other channels will not be reviewed or considered.

Application Periods:

- **February 1 - 15:** For events occurring between October 31 - February 28.
- **June 1 - 15:** For events occurring between June 30 - October 31.
- **October 1 - 15:** For events occurring between October 31 - February 28.

Ensure your application is submitted during the appropriate window to be considered.

**This document is only a copy of the application questions,
not the official application.**

REQUIREMENTS AND ELIGIBILITY

The Behavioral Health Education Center of Nebraska (BHECN) is committed to supporting the continuing education and professional development of trainees and practicing professionals in the field of behavioral health. Through our Lifelong Learning Fund (LLF), we provide financial assistance for a variety of educational and training opportunities.

We encourage behavioral health practitioners (both provisionally and fully licensed) and trainees (including undergraduate, graduate, and post-graduate students) who currently reside in Nebraska and have not received funding from the BHECN Lifelong Learning Fund in the past five years to apply.

Priority will be given to:

- Applicants serving rural and public sector communities
- Requests for training in evidence-based modalities

Each application should focus on a single request for a specific event or activity, such as attending a conference or participating in a training program. Applications requesting funding for multiple activities will not be considered.

CONTACT & DEMOGRAPHIC INFORMATION



Contact Information

Question #1: Full name

Question #2: Preferred Email Address

Question #3: Mailing Address

Question #4: Phone number



Demographic Information

Question #5: What is your race or ethnicity? (Select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African-American
- Hispanic or Latino(a)
- Native Hawaiian or Pacific Islander
- White
- Another Race or Ethnicity (please specify)
- Prefer not to answer

Question #6: What is your gender identity? (Select all that apply)

- Woman
- Man
- Non-binary/ third gender
- Another gender identity
- Prefer not to answer

Question #7: What language(s) are you fluent in? (Select all that apply)

- English
- American Sign Language
- Spanish
- Another Language (please specify)

FINANCIAL SUPPORT & ELIGIBILITY



Employer/Institution Information

Question #8: Name of Applicant's Employer or Institution.

Question #9: Location of Applicant's Employer or Institution.



Eligibility Questions

Question #10: Have you received BHECN Lifelong Learning Fund in the last five years?

- Yes
- No

If you answer "Yes," the survey will conclude as you are not eligible. Please note that you are not eligible if you have received LLF in the last five years.

Question #11: Training category and/or behavioral health professional status.

- Undergraduate Student
- Graduate Student
- Post-Graduate Trainee
- Provisionally or Fully Licensed Professional



Financial Assistance

Question #12: What type of support do you wish to receive from BHECN Lifelong Learning Fund?

- Training, Workshop, and/or Certification
- Conference Attendance
- Test Preparation Materials and/or Board Exam Support
- Educational Project
- Statewide Training Event

Question #11: Total Amount Requested.

- \$2,500 budget cap for Statewide Training Event.
- \$2,000 budget cap for Conferences.
- \$1,500 budget cap for Educational Projects.
- \$1,500 budget cap for Training, Workshops, and/or Certifications.
- \$250 budget cap for Test Preparation Material and/or Board Exam.

FINANCIAL SUPPORT & ELIGIBILITY

Question #12: Detailed budget with budget justification.

Please enter "N/A" for any items you are not requesting funding for.

*** Reminder only one event is allowed per application per Lifelong Learning Fund Cycle.

Guidelines:

Mileage: LLF awardees will be reimbursed for use of a personal vehicle (including vans, pickups, panel trucks, and motorcycles) at the standard mileage rate established by the University of Nebraska for the actual miles driven on LLF approved business. Fuel receipts will not be accepted for personal vehicle travel reimbursement. Documentation of the traveler's direct route will need to be submitted prior to receiving reimbursement.

Meals: LLF Awardees must abide by the University per diem model for meals. Meal receipts will not be accepted for reimbursement. Per diem will not be provided for one-day events, activities, and trainings.

Lodging: LLF Awardees are expected to select reasonably priced lodging accommodations when on official business and will be requested to justify charges that appear to be excessive.

- For more information, please visit the University of Nebraska System Travel Website: <https://nebraska.edu/travel/booking-for-guests>

	Cost	Justification
Lodging	<input type="text"/>	<input type="text"/>
Meals	<input type="text"/>	<input type="text"/>
Registration Fee	<input type="text"/>	<input type="text"/>
Prep Materials	<input type="text"/>	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>	<input type="text"/>
Total:	<input type="text"/>	<input type="text"/>

EVENT INFORMATION



Event Details

Question #13: What is the name of the event you plan to attend?

Question #14: What is the name of the sponsoring organization?

Question #15: Website or link to event registration.

Question #16: When will this event take place?

Question #17: Clinical Training Priority Areas.

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Acceptance and Commitment Therapy (ACT)
- Biofeedback
- Prolonged Exposure for PTSD
- Behavioral Parent Training
- Behavioral Health Business Practices
- Other: I am requesting funding for a modality that is not currently one of BHECN's identified clinical training priorities.

If you select "other," please provide a 500-word annotated bibliography summarizing existing research on this modality. Include key studies supporting its effectiveness and provide a rationale for its application in your identified clinical population.

Question #18: Please provide an overview of why you are requesting this funding.

Question #19: Are you planning to participate in person or virtually?

- In person
- Virtually

Question #20: Are you receiving any financial support for your travel expenses? If yes, please specify the source(s), such as your university, employer, grant, etc.

- No
- Yes (*Please specify the funding source(s)*).
- Unsure



Intention for Practicing in Nebraska

Question #21: Are you practicing in Nebraska or planning to practice in Nebraska after graduation?

- No
- Yes

ADDITIONAL QUESTIONS FOR STATEWIDE TRAINING EVENT APPLICANTS ONLY



Statewide Training Event Info

Question #22: What is the name of the event you are planning to host?

Question #23: Type of event you are planning to host:

- Workshop or training (4+ hours)
- Webinar (1+ hour)
- Series (in person or virtual - 2 or more sessions)

Question #24: Will the proposed event be virtual, in-person, or hybrid?

- In-person
- Virtual
- Hybrid



Target Audience

Question #25: Will the event generate revenue, and/or will attendees be required to pay any fees for participation?

- No
- Yes

If you answer "Yes," please provide the rationale for revenue generation and/or explain why participants will be charged to attend.

Question #26: How many individuals do you anticipate participating in this event?

Question #27: Is there a maximum participant count?

- No
- Yes

Question #28: Please describe your target audience for this event.

Question #29: What type of Continuing Education (CE) credits will this event offer?

Check all that apply.

- AMA
- APA
- ANCC
- LADC
- NASW
- Other
- No continuing education will be offered.

Question #30: Do you need technical assistance from BHECN to offer CE credits?

ADDITIONAL QUESTIONS FOR STATEWIDE TRAINING EVENT APPLICANTS ONLY



Speaker Information & Support

Question #31: Provide name and background information of the speaker.

Question #32: Are you requesting financial support to the speaker's travel and/or honorarium?

- No
- Yes



Event Justification and Impact

Question #33: Describe the rationale for selecting this training or event. Provide evidence of statewide need, an overview of needs assessment results, and any relevant data demonstrating how this training will address an existing gap.

Question #34: Explain how this event will enhance access to behavioral healthcare in rural and public sector communities in Nebraska.

Question #35: Name the organization responsible for receiving and distributing BHECN funds.

Question #36: Are any other organizations co-sponsoring or assisting with this event?

- No
- Yes (*If yes, please list them.*)

Question #37: Are matching funds available for this request?

Question #38: What is the estimated total cost of this event?

Question #39: If applicable, upload letters of support from co-sponsors (whether they are providing funds or not).