



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

6170 Mae Anne Avenue, Suite 1, Reno, NV 89523

(775) 787-3421 / Fax (775) 746-4105

www.nvspeechhearing.org Email board@nvspeechhearing.org

Application for Limited License

☐ Audiologist

☐ Speech-Language Pathologist

Personal Data

Legal Name: _____

Mailing Address: _____
Street / P.O. Box City State ZIP

Social Security No.: _____ Home Phone: (____) _____

Alternate / Cell Phone: (____) _____ E-mail Address: _____

Current Certification

ASHA; ABA Certificate No.: _____ Date Issued: _____ Expiration Date: _____

Purpose for Which You Are Requesting A Limited License

Name and Location: _____

Begin Date: _____ End Date: _____

State Licensure Information

State/Jurisdiction: _____	License #: _____	_____	_____
		Issue Date	Expiration Date
State/Jurisdiction: _____	License #: _____	_____	_____
		Issue Date	Expiration Date
State/Jurisdiction: _____	License #: _____	_____	_____
		Issue Date	Expiration Date

Child Support Information – Please check appropriate answer. An answer is mandatory

- ☐ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the District attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Legal Information – Explain any “YES” answers on a separate sheet of paper

Has there ever been a disciplinary action or legal action taken against your professional license for any reason? ☐ Yes ☐ No

Are there any pending legal actions, complaints, investigations or hearings in process? ☐ Yes ☐ No

Have you ever had a professional license, certification or registration denied, restricted, suspended or revoked? ☐ Yes ☐ No

Acknowledgements and Declaration of Applicant

Notice of Mandatory Reporter

☐ I acknowledge I have been informed of my duty as a mandatory reporter of abuse or neglect of a child pursuant to NRS 432B.

I declare, under penalty of perjury, all the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to my training or experience or my fitness to practice speech-language pathology, audiology or hearing aid dispensing.

Signature of Applicant

Date of Application

Print Name

State of Nevada

County of _____

This instrument was acknowledged before me on _____ by _____
Date name of document signer

Affix Photograph
Here

Notary Stamp

Notary Public Signature

Date Signed