



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 board@nvspeechhearing.org

Application for Licensure

- | | | |
|--|---|---|
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Audiologist | <input type="checkbox"/> Hearing Aid Specialist |
| <input type="checkbox"/> Standard | <input type="checkbox"/> Standard | <input type="checkbox"/> Standard |
| <input type="checkbox"/> Provisional CFY | <input type="checkbox"/> Dispensing Endorsement | <input type="checkbox"/> Provisional |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Temporary | <input type="checkbox"/> Temporary |
| | | <input type="checkbox"/> Apprentice |

Personal Data

Legal Name: _____

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

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

Date of Birth: _____ Place of Birth: _____ Sex: _____

E-mail Address: _____ Other Names you have used _____

☐ US Citizen or ☐ Authorized to Work in the US

Certification & Education

SLP / ASHA Certification No.: _____ HAS / NBC-HIS Certification No.: _____

Educational Institution/City/State: _____

Date Graduated: _____ Degree Awarded: _____

Licensure in Other State(s)

Are you now or have you ever been licensed, certified or registered in any jurisdiction? ☐ Yes ☐ No

If Yes, List each license held in the previous 10 years:

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

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Employment History

Nevada Employer: _____ Start Date _____

Address: _____ Phone: _____
Street/PO Box, City, State, Zip

Current/Previous Employer: _____ Dates (From/To) _____

Address: _____ Phone: _____
Street/PO Box, City, State, Zip

Current/Previous Employer: _____ Dates (From/To) _____

Address: _____ Phone: _____
Street/PO Box, City, State, Zip

Current/Previous Employer: _____ Dates (From/To) _____

Address: _____ Phone: _____
Street/PO Box, City, State, Zip

Nevada State Business License Information

- ☐ I do NOT have a Nevada state business license number.
- ☐ I have applied for a Nevada business license with the Nevada Secretary of State in compliance with the provision of NRS Chapter 76 and my application is pending.
- ☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76.

Name on business license: _____ Business License #: _____

Child Support Information - You MUST check ONE answer

- ☐ 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 – Explanation of any Yes answer must be attached

Has there ever been a complaint filed, investigation 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

Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you? ☐ Yes ☐ No

Have you ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) ☐ Yes ☐ No

Military Service / Veterans Status

*Attach documentation of veteran or active military status

☐ None ☐ Uniformed Military ☐ Veteran ☐ Military Spouse ☐ Veteran Spouse

Veterans please answer the following questions:

(a) "Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?" ☐ Yes ☐ No

(b) "Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?" ☐ Yes ☐ No

(c) "Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?" ☐ Yes ☐ No

Audiologists and Speech-Language Pathologists ONLY

Notice as Mandatory Reporter of Abuse or Neglect

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

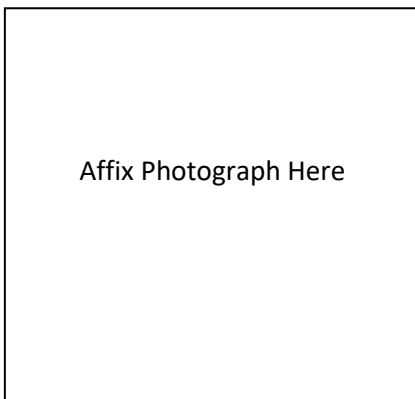
DECLARATION

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 application, education, training, experience or my fitness to practice the profession for which I am applying.

Signature of Applicant

Date of Application

Print Name



Notary Public Stamp

Notary Public Signature

Date Signed

BOARD USE ONLY

Date Received: _____	License No.: _____	Date Issued: _____
	Fees Paid By: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check/MO# _____	Amount Paid: \$ _____ <input type="checkbox"/> Veteran's Discount
	<input type="checkbox"/> National Certification/Praxis <input type="checkbox"/> License Verification(s) <input type="checkbox"/> Transcripts	

LICENSE APPLICATION CHECKLIST

Applicant Name: _____

APPLICATION

- ☐ All sections completed
- ☐ Original Signature
- ☐ Picture Attached
- ☐ Notarized

FEES

- ☐ License Fee Paid
- ☐ Dispensing Endorsement Fee Paid, if applicable
- ☐ Dispensing Examination Fee (if applicable)

ADDITIONAL DOCUMENTS REQUIRED

- ☐ Documentation OF Current Certification – SLP & HAS Only
- ☐ Original Transcript / Education Documentation
- ☐ Verification(s) of Licensure in another state
- ☐ SLP Provisional – Praxis Score Report
- ☐ Apprentice: Sponsorship and Training Agreement
- ☐ Military Affiliation: DD214 or Military Identification