



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](http://www.nvspeechhearing.org) [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org)

## Application for Licensure

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

### Personal Data

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  

Street / P.O. Box
City
State
ZIP

SSN or TIN: \_\_\_\_\_ Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Other Names you have used \_\_\_\_\_

### 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 \_\_\_\_\_

State/Jurisdiction: \_\_\_\_\_ License #: \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

State/Jurisdiction: \_\_\_\_\_ License #: \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

### 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.

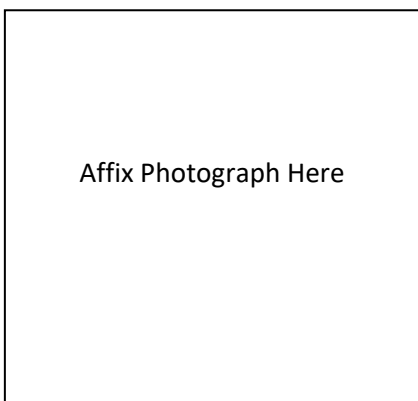
**DECLARATION**

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