

Licensing History Update

License Type	State	License #	Expiration

Nevada Business License Information – Check appropriate answer. An answer is mandatory.

- I have a Nevada Business License number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76.
 Name on business license: _____
 Business License #: _____
- I do NOT have a Nevada business license number.

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 (YES answer requires explanation)

Since the date of your last application or renewal, have there been any disciplinary actions or legal actions taken against your professional license for any reason? Yes No

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

Since the date of your last application or renewal, have you had a professional license, certification or registration denied, restricted, suspended or revoked? Yes No

Since the date of your last application or renewal, have you relinquished responsibilities, resigned a position or been fired while a complaint was pending against you? Yes No

Since the date of your last application or renewal, have you 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 not involving drugs or alcohol.) Yes No

If you answered “yes” to any question above, please attach a written explanation of the incident/action. Please note that your application may require further review by the Board.

Continuing Education Information

Requires minimum of 10 hours for all license types.

- At least 1 of the 10 hours must relate to ethics, cultural competence, cultural humility, culturally responsive practices or diversity, equity, and inclusion.
- If a dispensing audiologist, at least 3 of the 10 annual hours must relate directly to the practice of fitting and dispensing hearing aids.

List dates of completion; course(s), and CE Hours awarded for continuing education credit that was completed in the **previous 12 months**. If dual licensed, check applicable license for CE credit.

Date	Course	CE Hours

Acknowledgement and Declaration of Applicant

Notice of Mandatory Reporting

I acknowledge I have been informed of my duty as a mandatory reporter of abuse or neglect of a child pursuant to NRS 432B. (Speech-Language Pathologist, Audiologist)

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 audiology or speech pathology.

Signature of Applicant

Date

BOARD USE ONLY

Date Received: _____ Date Issued: _____

Fees Paid By: Credit Card Check/MO# _____ Amount Paid: \$ _____

Certification Verification License Verification Continuing Education

