



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

SSN or TIN: _____ 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