



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) Email [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org)

### License Reinstatement Application

License Number: \_\_\_\_\_ Date Expired: \_\_\_\_\_

☐ Speech-Language Pathologist ☐ Audiologist ☐ Dispensing Audiologist

☐ Hearing Aid Specialist ☐ Hearing Aid Specialist Apprentice

#### Applicant Information

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

Former name (if applicable): \_\_\_\_\_ (Please attach legal proof of name change)

SSN or TIN: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_

#### Explanation of Reinstatement Request

Have you practiced in Nevada or treated a person residing in Nevada since your license expired?

☐ Yes ☐ No

*If yes, please attach a written explanation of the reasons and/or circumstances your license was not renewed on time. Please note that your application may require further review by the Board.*

#### Employment Information Update (last 3 years)

Employer: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ ☐ Full Time ☐ Part Time ☐ Other

Title: \_\_\_\_\_ ☐ Employee ☐ Self-Employed ☐ Contractor ☐ Other

Employer: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ ☐ Full Time ☐ Part Time ☐ Other

Title: \_\_\_\_\_ ☐ Employee ☐ Self-Employed ☐ Contractor ☐ Other

Employer: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ ☐ Full Time ☐ Part Time ☐ Other

Title: \_\_\_\_\_ ☐ Employee ☐ Self-Employed ☐ Contractor ☐ Other

**Certification Status (Optional)**

*\*Not required for Reinstatement. If currently certified, please attach copy.*

☐ ASHA   ☐ ABA   ☐ NBC-HIS   Number: \_\_\_\_\_   Expiration: \_\_\_\_\_

**Licensing History Update**

*Please list ALL current/expired licenses held.*

License Type	State	License #	Date Issued	Date Expired

**Nevada Business License Information**

*Requires a response to the most appropriate answer.*

☐ 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 #: \_\_\_\_\_

☐ I do NOT have a Nevada business license number.

**Child Support Information**

*Requires a response to the most appropriate 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**

*Requires a response to the most appropriate answer.*

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 alcohol.) ☐ Yes ☐ No

If you answered "yes" to any question above, please attach a written explanation of the incident with supporting documentation. Please note that your application may require further review by the Board.

### Continuing Education Information

List dates of completion, course(s), and CE hours completed in the previous 12 months. If dual licensed, check applicable license for CE credit. Requires a 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.

Date	Course	CE Hours

### Acknowledgement and Declaration of Applicant

#### Notice of Mandatory Reporting: Speech-Language Pathologist & Audiologist Only

I acknowledge I have been informed of my duty as a mandatory reporter of abuse or  
\_\_\_\_\_  
initial neglect of a child pursuant to NRS 432B. (HAS & HAS-A please enter N/A)

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

#### BOARD USE ONLY

Date Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

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

☐ Certification Verification ☐ License Verification ☐ Continuing Education