



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

SLPA License Application

ELIGIBILITY REQUIREMENTS

Please indicate which of the following you hold:

☐ A bachelor's degree or higher in speech-language pathology or communication sciences and disorders from an accredited educational program recognized by the U.S. Department of Education or an accredited foreign school with a substantially equivalent educational program.

☐ A current Nevada Department of Education teaching license with SLP endorsement, issued on or before September 30, 2026.

DEMOGRAPHIC INFORMATION

Full Legal Name: _____

Date of Birth: _____ Gender: _____

Place of Birth: _____ SSN or TIN: _____

CONTACT INFORMATION

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ E-mail Address: _____

Please list all other names you have used: _____

EDUCATION

Please indicate the highest level of education earned:

☐ High School Diploma/Equivalent ☐ Associate's Degree ☐ Bachelor's Degree

☐ Post-Baccalaureate Program ☐ Master's Degree ☐ Doctoral Degree

Major/Field of Study: _____

Name of Educational Institution: _____

City/State: _____ Date Awarded: _____

OTHER TRAINING/WORK EXPERIENCE

Please list any clinical training completed that is not already listed on your educational transcript, or check here if not applicable: ☐ N/A

Start Date: _____ End Date: _____ Total Hours: _____

Program/Location: _____

CERTIFICATION & EDUCATION

Please list any certifications held, or check here if not applicable: ☐ N/A

Issuing Organization: _____

Cert #: _____ Date Issued: _____ Date Expires: _____

Issuing Organization: _____

Cert #: _____ Date Issued: _____ Date Expires: _____

OTHER LICENSES HELD

Please list all occupational licenses held in the last 10 years, including a Nevada Department of Education teaching license with SLP Endorsement, or check here if not applicable: ☐ N/A

State/Jurisdiction	License #	Issue Date	Expiration Date

EMPLOYMENT HISTORY

Please list every position held in the last 10 years, or check here if not applicable: ☐ N/A

Employer Name: _____

Job Title: _____ Phone: _____

Address: _____

Start Date: _____ End Date: _____ or ☐ Presently Employed

Type: ☐ Employee ☐ Contractor ☐ Self-Employed ☐ Other: _____

Status: ☐ Full Time ☐ Part Time ☐ Other: _____

Employer Name: _____

Job Title: _____ Phone: _____

Address: _____

Start Date: _____ End Date: _____ or ☐ Presently Employed

Type: ☐ Employee ☐ Contractor ☐ Self-Employed ☐ Other: _____

Status: ☐ Full Time ☐ Part Time ☐ Other: _____

Employer Name: _____

Job Title: _____ Phone: _____

Address: _____

Start Date: _____ End Date: _____ or ☐ Presently Employed

Type: ☐ Employee ☐ Contractor ☐ Self-Employed ☐ Other: _____

Status: ☐ Full Time ☐ Part Time ☐ Other: _____

SUPERVISING SLP

Please list each licensed SLP you plan to work under, or check here if none identified at this time: ☐ N/A

SLP Name: _____ License #: _____

Employer: _____

Start Date: _____ End Date: _____ or ☐ Present

SLP Name: _____ License #: _____

Employer: _____

Start Date: _____ End Date: _____ or ☐ Present

SLP Name: _____ License #: _____

Employer: _____

Start Date: _____ End Date: _____ or ☐ Present

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: _____ License #: _____

CHILD SUPPORT DISCLOSURE

☐ 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

Has there ever been a complaint filed, investigation or legal action taken against your professional license for any reason? ☐ No ☐ Yes

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

Have you ever had a professional license, certification or registration denied, restricted, suspended or revoked? ☐ No ☐ Yes

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

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 not involving drugs or alcohol.) ☐ No ☐ Yes

MILITARY/VETERAN STATUS

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Uniformed Military | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Military Spouse | <input type="checkbox"/> Veteran Spouse | <input type="checkbox"/> Gold Star Family Member |

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

Application Checklist & Required Documents

Please do not submit this page with your application.

DOCUMENT SUBMISSION

Please submit the documents listed below as applicable to the Board office via email at board@nvspeechhearing.org:

Required

- ☐ Educational transcripts must be official copies sent directly to the Board office by mail or email
- ☐ Copy of a government-issued photo ID

If Applicable

- ☐ NDE License with SLP Endorsement (if applicable)
- ☐ Out of State License(s) (if applicable)
- ☐ Explanation of any “yes” response legal questions (if applicable)
- ☐ Proof of military/veteran affiliation (if applicable)

LICENSE FEE PAYMENT \$250.00

Online debit/credit payments are preferred and will speed up processing time:

- Visit the Make a Payment page on our website at <https://www.nvspeechhearing.org/pay/app/> to pay
- On the payment page, please select “**Standard License**”
- If you indicated military/veteran affiliation in the application and provided documentation, choose “yes” for Military Services or Veteran Status in the online payment to receive a 50% discount on the fee.

Checks may be mailed to the Board office, but will delay processing as the application review will not begin until payment is received. Military/veteran applicants may make checks out for \$125.00.