



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

License Reinstatement Application

License Number: _____ Date Expired: _____

Field of Practice: ☐ Speech-Language Pathology ☐ Audiology ☐ Hearing Aid Fitting & Dispensing

License Type: ☐ Standard ☐ Provisional ☐ Apprentice ☐ Assistant

Please note:

- The Board no longer issues audiology licenses with a dispensing endorsement, as a standard Nevada audiology license allows hearing aid fitting and dispensing effective 1/1/2026.
- Temporary and limited licenses are not eligible for reinstatement.

Applicant Information

Last Name: _____ First Name: _____

*Former name while licensed (if applicable): _____

SSN or TIN: _____

Email Address: _____ Primary Phone: (_____) _____

Mailing Address: _____

**Please attach legal proof of name change if applicable*

Explanation of Reinstatement Request

Have you practiced in Nevada or treated a person 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

Please list all employers in the last 3 years & attach a separate page if more space is needed.

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. Business license #: _____
Name on 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. Please refer to the [Continuing Education](#) page on our website for details on CE requirements.

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.
initial

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: _____ Amount Paid: \$ _____ Type: ☐ Credit Card ☐ Check# _____

☐ Certification Verification ☐ License Verification ☐ Continuing Education Date Issued: _____