



Brian R. Sandoval
Governor

STATE OF NEVADA
**BOARD OF EXAMINERS FOR
AUDIOLOGY AND SPEECH PATHOLOGY**

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Executive Director

Rebecca Bailey-Torres, MS CCC-SLP
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Nighat Abdulla, Public Member

Instructions for Reinstatement of Licensure

Eligibility: *You may reinstate your Nevada Licensure up to three (3) years from date of expiration.*

1. To apply for reinstatement of a Nevada license you must complete all pages and sections of the application for reinstatement. The application must be signed and dated.
2. Fees must be submitted with your completed application and are non-refundable. Credit Card payments are not accepted. Check or money order should be made payable to Board of Examiners for Audiology & Speech Pathology. Current fees are:

Reinstatement fee:	\$ 75.00
License fee:	50.00 for each year license has lapsed, maximum \$150.00

3. Applicants are required to submit a copy of current ASHA membership card.
5. **Licensing History:** List all jurisdictions and licenses held since expiration of your Nevada license.
6. **Employment History:** List employment history since licensure lapsed. Employers may be contacted.
7. **Legal Information:** All questions must be answered. If you answer **YES** to **ANY** question, provide a detailed explanation and attach documentation.
8. **Child Support Information:** ***THIS SECTION IS MANDATORY FOR ALL APPLICANTS.*** Failure to complete will result in an incomplete application and may delay processing of the application.
9. **Continuing Education:** Provide a minimum of 15 hours of continuing education completed within the previous 12 months prior to application for reinstatement. If your license has been lapsed for more than one year, provide a minimum of 15 hours of continuing education for each year your license has been lapsed. Attach documentation of completion such as certificates of completion or attendance.
10. Mail the Application for Reinstatement and required documents with fees to the above address.
11. **Please note that all licenses expire on December 31st of each year. Licensure fees are not pro-rated.**



State of Nevada
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Application for License Reinstatement

License Number: _____

- Audiologist Speech Language Pathologist

Licensee Information

Legal Name: _____

Mailing Address: _____
City State Zip

E-mail Address: _____

I prefer to correspond through: E-mail US Mail

Home Phone (_____) _____ Alternate/Cell Phone: _____

Licensing History

Nevada License: Original Issue Date: _____ Expiration Date: _____

Are you now or have you ever been licensed, certified or registered as an audiologist or speech language pathologist in any jurisdiction? ___ Yes ___ No

If Yes, List State/Jurisdiction and license number(s): _____

Certification Status

Do you currently hold the Certificate of Clinical Competence from ASHA? Yes No

Date Issued: _____ (Attach copy of CCC certification)

Reason for Licensure Lapse – Explain why Nevada license was not retained or renewed.

- Moved from Nevada Not Working in Nevada
 Not Practicing - Inactive Other (provide explanation)

Board Use Only

Date Issued _____

APPLICATION FOR LICENSE REINSTATEMENT

Professional Employment History Update (Previous 5 Years)

Current Nevada Employment Information (if applicable)

Name: _____ Start Date: _____

Address: _____

Work Phone _____ Ext. _____ Work Fax _____

Previous Employment History – Starting with the most recent

1. **Employer:** _____ Dates (From/To) _____

Address: _____ Phone: _____

2. **Employer:** _____ Dates (From/To) _____

Address: _____ Phone: _____

3. **Employer:** _____ Dates (From/To) _____

Address: _____

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 complaint filed, investigation or legal action taken against your professional license for any reason? Yes No

Are there any pending 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

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

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? Yes No
(Exclude minor traffic violations.)

APPLICATION FOR LICENSE REINSTATEMENT

Continuing Education Information – Minimum 15 hours for each year license has been expired.
Attach a copy of the certificate of completion and/or attendance verification for each course listed.

List course(s)/presentation(s), dates of attendance and CE Hours awarded for continuing education credit that was completed in the previous 12 months. If license has been expired for more than 1 year; provide CE documentation for each year license has been expired.

Course: _____ Dates _____ CE Hours _____

Course: _____ Dates _____ CE Hours _____

Course: _____ Dates _____ CE Hours _____

Course: _____ Dates _____ CE Hours _____

Course: _____ Dates _____ CE Hours _____

Declaration of Applicant

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.

I further acknowledge that failure to maintain a valid audiology or speech pathology license while practicing in the State of Nevada may be grounds for sanctions, including but not limited to denial of my application for reinstatement.

Signature of Applicant

Date of Application

Print Name

Reinstatement Fee: \$ 75.00
License Fee: \$ 50.00 for each year license has been expired, maximum \$150.00

Board Use Only

Date Received:
 Fees: Money Order/Check # _____ Amount \$ _____
 ASHA CCC-Certification