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Merlyn Sexton, Member

**STATE OF NEVADA
BOARD OF EXAMINERS
FOR
ALCOHOL, DRUG AND GAMBLING COUNSELORS
400 W. KING STREET SUITE 111
CARSON CITY, NV 89703
775-684-7080/7081
Fax-775-684-7084
Website: www.alcohol.nv.gov
Email: agawronski@adgc.nv.gov
cmasterson@adgc.nv.gov**

License Clinical Alcohol & Drug Renewal Application

Expiration Date:

License #:

To renew your certificate, return this document and the other necessary information with the appropriate fee of **\$250.00**. The check should be made out to the Board of Examiners for Alcohol, Drug and Gambling Counselors.

Please complete the information requested below:

Name _____ Phone Number _____
Cell Phone Number _____

Mailing Address _____
City State Zip

Personal Email _____

Please provide the Board with the following:

Employers Name _____ Phone _____

Employer Address _____ City, State & Zip _____

Employer Fax _____ . Employment Email: _____

Note: Failure to return all completed forms and fees **by due date** will result in a **late fee of \$75.00** for up to two months after your renewal date.

Sixty days after your certificate lapses, you are no longer eligible to re-certify or re-license and it will be necessary to reapply under NAC 641C and retest if you wish to be certified or licensed.

If you wish to place your certification/license in an **inactive status** you are allowed to do so for a year. In order to do so you must submit a **letter requesting an inactive status plus a fee of \$25.00, this must reach the Board prior to your expiration date.**

The Board only requires that you submit documentation of completion of a course in confidentiality with HIPAA and a course in ethics. All other continuing education certificates you should keep for a minimum of three years in case you are audited by the Board.

I HEREBY MAKE APPLICATION TO RENEW MY CERTIFICATE OR LICENSE TO PRACTICE AS AN ALCOHOL AND DRUG ABUSE COUNSELOR IN THE STATE OF NEVADA FOR THE NEXT 24-MONTH PERIOD. I HEREBY ATTEST TO THE FOLLOWING:

A. I have satisfactorily completed the required 40 hours of approved continuing education as required under NAC 641C. and have completed the required 3 hours of ethics and 3 hours of confidentiality set forth in 42 C.F.R. and the related provision of the HIPPA Act of 1996 set forth in 45 C.F.R. Part 160.

Submit copies of course completion for Ethics and Confidentiality

B. I declare that I have no mental or physical conditions that prevent me from delivering counseling services at all times.

C. I have not been arrested, convicted or indicted of any offense or had action taken or initiated against any certification or licensure in any state since my certificate or license was last renewed.

D. **Please circle 1 or 2**

1. I am in active recovery from chemical dependency and/or problem gambling and have maintained my abstinence for a minimum of past two years; if in recovery from problem gambling for how many years? ___ If in recovery from a substance use disorder, please state for how many years _____ or

2. I have never been chemically dependent, and/ or have a problem gambling and for a minimum of the past two years I have used alcohol and other drugs and/ or gambled only in a responsible manner - if at all.

F. I agree to follow the Ethical Standards and Requirements as identified in NAC 641C.

G. I have not had disciplinary action taken by this board or any other board in Nevada or other jurisdiction.
If so please explain in detail.

H. In order to provide child support information, **FEDERAL LAW REQUIRES YOU TO CHECK ONE OF THE FOLLOWING:**

_____ 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.

I. HAVE YOU EVER SERVED IN THE MILITARY? Yes ___ No ___

BRANCH (ES) OF SERVICE? (Check all that apply)

___ Army/ Army Reserve ___ Marine Corps/Marine Corps Reserve ___ Navy/Navy Reserve
___ Air Force/Air Force Reserve ___ Coast Guard/Coast Guard Reserve ___ National Guard

MILITARY OCCUPATION SPECIALTY/SPECIALTIES? _____

Dates of service: _____ to _____

If you have received an additional degree since the last reporting period, please provide the Board with a copy of your degree or transcript.

Do you hold any other professional license in the State of Nevada or another State _____ ?

If yes, please list type and license or certificate number(s) _____.

I certify under penalty of perjury that all information on this form is true and correct.

SIGNATURE

DATE

Note: It is the responsibility of each individual to notify the Board in writing of a change of address, employment or name within 10 days after the change.