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STATE OF NEVADA BOARD OF EXAMINERS FOR

ALCOHOL, DRUG AND GAMBLING COUNSELORS

4600 Kietzke Lane, B-115 Reno, NV 89502 Phone: 775-689-0562/0563

Fax: 775-689-0564

Licensed Clinical Supervisor Renewal Application

Expiration Date: License #:

To renew your certificate as a **Clinical Supervisor**, return this document with documentation of completion of a one day in person training course in clinical supervision and the appropriate fee of \$60.00 to the above address prior to your expiration date. 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 Phon	e Number	
Mailing Address			
E-mail Address	City	State Zip	
Please provide the Board with th	ne following:		
Employers Name	Phone		
Employer Address	City	State Zip	
Employer Fax	.Web Address		

Note: Failure to return all completed forms and fees **by due date** will result in **a late fee of \$75.00**. **Sixty days after your certificate expires**, you are no longer eligible to re-certify and it will be necessary to reapply under NAC 641C. If you wish to place your certification 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. If you have any questions please call me at 775-684-7080

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

I have satisfactorily completed the required one day clinical supervision refresher course; this is as required by NAC 641C. Also have completed the required 3 hours of ethics, 3 hours of confidentiality, and 2 hours of suicide prevention 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

You will be required to submit copies of the coursework, with your renewal application.

A. I declare that I have no mental or p	physical conditions that prevent me from deliver	ing counseling services at all times.
B. I have not been arrested, convicted any state since my certificate or lic		r initiated against any certification or licensure in
my abstinence for a minimum of parecovery from a substance use disc 2. I have never been chemically d	ast two years; if in recovery from problem of order, please state for how many years	g and for a minimum of the past two years I have
E. I have never been chemic responsible manner - if a		wo years I have used alcohol and other drugs only in a
F. I agree to follow the Ethic	cal Standards and Requirements as identified in	NAC 641C.
 G. I have not had disciplinary board in Nevada or other If so please explain in de 	jurisdiction.	s or complaints outstanding with this board or any other
I am subject compliance with a pleamount owed pursuated amount owed pursuated and approved by the pursuant to the order I. HAVE YOU EVER SERV	an approved by the district attorney or other publicant to the order: et to a court order for the support of one or more of the district attorney or other public agency enforcer. WED IN THE MILITARY? Yes No	children and am in compliance with the order or am in the agency enforcing the order for the repayment of the children and am not in compliance with the order or a sing the order for the repayment of the amount owed
BRANCH (ES) OF SRVICE? (Chec Army/ Army Reserve		Navy/Navy Reserve
Air Force/Air Force Reserve	Coast Guard/Coast Guard Reserve IALTY/SPECIALTIES?	National Guard
Dates of service:to		
If you have received an additional degr	ee since the last reporting period, please provide	e the Board with a copy of your degree or transcript.
Do you hold any other professional lice	ense in the State of Nevada or another State	?
If yes, please list type and license or ce <i>I certify under penalty of perjury that</i>	rtificate number(s) t all information on this form is true and corre	<u>.</u> ect.
SIGNATURE Note: It is the responsibility of each	DATE	change of address, employment or name within 10

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days.