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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**

**Website: www.alcohol.nv.gov
 Email: agawronski@adgc.nv.gov
cmasterson@adgc.nv.gov**

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 Phone Number _____

Mailing Address _____
 City State Zip

E-mail Address _____

Please provide the Board with the 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

