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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

Email: cmasterson@adgc.nv.gov

Supervisor Renewal Application

Expiration Date: _____ **Certificate #:** _____

To renew your certificate as a **Certified Supervisor**, return this document with documentation of completion of a one day in-person refresher 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 _____

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 _____

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
(OVER)

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:

1. 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 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

A. .

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

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.

E. I have never been chemically dependent, and for a minimum of the past two years I have used alcohol and other drugs 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 or have any outstanding allegations or complaints outstanding with 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