

**EMPLOYMENT VERIFICATION OF
CLINICAL MENTAL HEALTH
COUNSELING EXPERIENCE**

Applicant's Name _____ **SS#** _____

More than one person is needed to verify the required amount of professional counseling experience please copy this form and submit it to each individual.

I have applied for licensure to the State of Nevada Board of Examiner for Alcohol, Drug and Gambling Counselors and am required to provide documentation of previous counseling experience. Please complete the **Employer Verification Information** below, notarize and mail the form to the Board at the address below. My application cannot be processed until this form is received.

Applicant's signature: _____ date _____

APPLICANT: Do not write below this line. For completion by employer.

FOR PRIOR EXPERIENCE PROVIDING CLINICAL COUNSELING OUTSIDE OF NEVADA.

EMPLOYER VERIFICATION INFORMATION

This is to verify that _____ is/was employed by
this agency/group for the period from _____ to _____

I verify that _____ **total number of hours**, were spent in **clinical mental health counseling** activities during these dates (include direct counseling hours and indirect activities used to support counseling hours). The maximum hours permitted for full time employment is 40 hours per week or 2000 hours per year. **Definition of Counseling:** To qualify as counseling experience, the individual must be involved in the provision of direct services to clients in either an individual or group setting. It is therefore assumed that individual would be responsible for treatment plans, case notes, ect. If there is not documentation of counseling activities, experience will not be granted. Simply being employed by an agency which provides counseling services does not qualify as counseling experience (i.e., the receptionist or bookkeeper). **Please include a detailed job description.**

NOTE: Employer please print the following information clearly:

1. Name _____
2. Title _____
3. Agency/Institution _____
4. Address _____
5. Telephone _____
6. Signature _____

NOTARIZATION:

Subscribed and sworn to before me this
_____ day of _____ 20____ In the State of _____, County of _____

Notary public

My commission expires _____

After completing mail this form to:

**BOE for Alcohol, Drugs and Gambling Counselors
4600 Kietzke Lane, B-115
Reno, NV 89502**

Office: 775-689-0562/0563 Fax: 775-689-0564