STATE OF NEVADA
BOARD OF EXAMINERS
FOR
ALCOHOL, DRUG, AND GAMBLING COUNSELORS
4600 Kietzke Lane, Suite B-115
Reno, NV 89502
Phone: 775-689-0562/0563
Website: alcohol.nv.gov
agawronski@adgc.nv.gov
licensingspecialist@adgc.nv.gov

REQUEST FOR VERIFICATION OF LICENSE

PART 1 – TO BE COMPLETED BY THE APPLICANT

Applicant's Name:_____

Mailing Address:_____

City: _____State:_____Zip:_____

I am requesting licensure in the state of:_____

I am seeking the credential:_____

I hereby authorize release of any information regarding my licensure status and any disciplinary actions from the Nevada Board of Examiners for Alcohol, Drug, and Gambling Counselors

Signature of Applicant:_____Date: _____/_____/_____

PART 2 – TO BE COMPLETED BY BOARD REPRESENTATIVE

Name of Licensee_____

Classification of License Issued:_____

License Number:_____Current Status:_____

Original Issue Date: _____/_____/_____   Expiration Date:_____/_____/_____

Continuously Licensed: _____ Yes   _____ No, please explain:_____

Licensed By:

_____ Exam
   Type:_____Date: _____/_____/_____

   Exam Score: _____

Oral Exam: _____ No _____ Yes, Date: _____/_____/_____ Score _____

_____ Endorsement, from which state? _____

Highest Level of Education: ___ High School ___ Bachelor's ___ Master's ___ Doctoral

Education Required for Licensure/Certification: _____

Number of supervised hours completed: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No

_____ Yes (please explain and provide certified copies of all Petitions, Orders, etc.)

_____

_____

_____

_____

I CERTIFY THAT to the best of my knowledge and belief the foregoing is a true, accurate, and complete statement of the record of the individual named on this form.

Signature of certifying individual: _____

AFFIX BOARD

SEAL HERE

Printed Name: _____

Title: _____

Email: _____

Date: _____

State Licensing Board: *If you have questions, you may contact the Licensing Specialist at* licensingspecialist@adgc.nv.gov