



Mary Lask, President
Milagros Severin-Ruiz, Vice President
Denise Everett, Secretary/Treasurer
Paula Chung, Member
Diaz Dixon, Member
Lee Ann Malone, Member
Rory Reid, Member

**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
licensingsspecialist@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 Nevada as a: _____

I am/have been licensed in your state under the name: _____

My license number in your state is/was: _____

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

Signature of Applicant: _____ Date: ____/____/____

PART 2 – TO BE COMPLETED BY THE VERIFYING AGENCY

Please furnish the information requested, sign and verify the document, and mail to the Board of Examiners for Alcohol, Drug and Gambling Counselors at 4600 Kietzke Ln, B-115, Reno, NV 89502.

Name of Verifying State Board: _____

Name of Licensee (as it appears in verifying state's record): _____

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: _____

Printed Name: _____

AFFIX BOARD

Title: _____

SEAL HERE

Email: _____

Date: _____

Completed form or state license verification is to be mailed by the verifying institution directly to:

BOARD OF EXAMINERS
FOR
ALCOHOL, DRUG, AND GAMBLING COUNSELORS
4600 Kietzke Lane, Suite B-115
Reno, NV 89502

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