

Members:

Lynn Cremen, M.A.
Leslie L. Golberg, M.S.
Al Gourrier, Ed.D.
Paul C. Ludlow, M.D.
Marilyn Maschgan, M.A.



Lorraine Pokorski
Administrator

Robert Bony
Deputy Attorney General

THE STATE OF NEVADA
Board of Examiners for Audiology and Speech Pathology

P.O. Box 70550
Reno, Nevada 89570-0550
Phone: (775) 857-3500 Fax: (775) 857-2121

INSTRUCTIONS FOR RENEWAL OF LICENSURE - YEAR 2000

1. Please complete entire renewal form.
2. Fee must be submitted with your completed application.

Annual renewal fee \$50.00

3. Please do not include any continuing education documentation. You'll be notified if you're being audited. Also, please remember it is a random audit.
4. Please forward your renewal application and fee to the address above. We would appreciate it if all applications could be received no later than December 17, 1999. This will allow us time to process your information and return your renewal documentation before the expiration date.
5. If you do not renew your license before the expiration date, you are then required by law to pay the annual renewal fee of \$50.00 plus the reinstatement fee of \$75.00 for a total of \$125.00.

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APPLICATION FOR RENEWAL OF LICENSURE - YEAR 2000

I'm applying for licensure renewal in: Audiology Speech Pathology

My license number is: _____

Please type or print legibly in blue or black ink.

SECTION I

Name (First, Middle, Last) _____

Mailing/Street Address _____

City/State/Zip _____

Home Phone# _____ Soc. Sec. # _____ Date of Birth _____

Current Employer:

Company/Facility Name _____

Mailing/Street Address _____

City/State/Zip _____

Work Phone _____ Fax Number _____

My present position is? _____ Starting date? _____

Hours per month I'm engaged in professional practice: _____

Have you been convicted of a felony since your initial application? Yes No
If yes, please explain on a separate page.

Do you pay child support to a former spouse? Yes No
If yes, are you current in your child support payments? Yes No
If no, please explain on a separate page.

SECTION II

CONTINUING EDUCATION completed during the past year. (Submit supporting materials only if requested by the board.)

Activity _____ Date _____ Hours Claimed _____

Location _____ Description _____

Activity _____ Date _____ Hours Claimed _____

Location _____ Description _____

Activity _____ Date _____ Hours Claimed _____

Location _____ Description _____

Addition information can be listed on a separate page.

Total Hours Claimed _____

I hereby certify, under penalty of perjury, the information in this application is true and accurate for the renewal of my Nevada audiology and/or speech pathology license.

Signature _____ Today's Date _____