

**Members:**

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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 TO APPLICANTS FOR A NEVADA LICENSE

1. To apply for a *Nevada license* you must complete Sections I and II of the application form.
2. Fees must be submitted with your completed application. Check or money order made payable to Board of Audiology / Speech Pathology. Current fees are:

Initial application fee .....	\$ 100.00
Initial license fee .....	50.00

3. Applicants are required to submit either: (1) a copy of current ASHA membership card or (2) evidence of the successful completion of the National Teachers Examination.
4. Applicants must submit an official transcript with course descriptions, showing Master's degree status in either Audiology or Speech Pathology.
5. Applicants who does not possess a Master's degree in Audiology or Speech Pathology must submit with the application, satisfactory evidence that he/she has completed at least 60 semester credits (or equivalent quarter credits) in courses related to the normal development, function and use of speech and language or hearing, including, but not limited to, the management of disorders of speech or hearing and the legal, professional and ethical practices of audiology or speech pathology. At least 24 of the 60 credits, excluding any credits obtained for a thesis or dissertation, must have been obtained for courses directly relating to audiology or speech pathology.
6. Applications must be accompanied by the names, addresses, phone numbers and relationship of three references acquainted with your character and professional reputation. References may be contacted by the Board.
7. Return the application with all documentation and fees to the above address.

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# APPLICATION FOR A NEVADA LICENSE

I'm applying for a license in:       Audiology       Speech Pathology

Please type or print legibly in blue or black ink.

**SECTION I**

Name (First, Middle, Last) \_\_\_\_\_

Maiden Name or Other Names Used \_\_\_\_\_

Mailing/Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Current Nevada Employer (if applicable):**

Company/Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**SECTION II**

1. I am over the age of 21 years and a citizen of the United States or lawfully entitled to remain and work in the United States.  Yes  No  
(If no, please explain on separate sheet.)

2. I hold the CCC from the ASL and H Association in Audiology or Speech Pathology.  
Date issued \_\_\_\_\_

or,

I have passed the NTE examination. Date passed \_\_\_\_\_. (Please attach exam documentation with scores).

3. I have a Master's degree in Audiology/Speech Pathology from an accredited institution. Official transcripts attached.  Yes  No (If no, are they being sent from the institution?  Yes  No)

4. I have completed 375 clock hours of supervised clinical experience as specified by the American Speech-Language-Hearing Association Guidelines for CCC, in Audiology or Speech Pathology.  Yes  No

5. Have you ever been convicted of a felony in the state of Nevada or any other state?  
 Yes  No  
If yes, please explain on a separate paper.

6. Have you ever had a professional license, certification or registration denied, revoked, restricted or suspended.  Yes  No  
If yes, please explain on separate paper.

7. Do you pay child support to a former spouse?  Yes  No  
If yes, are you delinquent in your payments?  Yes  No  
If yes, please explain of separate paper.)

I declare, under penalty of perjury, that the above information is true to the best of my knowledge.

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_