

State of Nevada  
Board of Homeopathic Medical Examiners  
1301 Cordone Avenue, Suite 126  
Reno, NV 89502  
Telephone: 775.324.3353

**APPLICATION FOR REGISTRATION OF CERTIFICATION AS A HOMEOPATHIC ASSISTANT**

**REGISTRATION FEE: \$200.00**

**DUE DATE: DECEMBER 31, 2018**

**PLEASE PRINT OR TYPE**

Name of Certificate Holder: \_\_\_\_\_ Certificate No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Federal Welfare Reform, as implemented by the 1997 Session of the Legislature by SB 356, requires that professional and occupational licensing agencies add the following questions regarding child support to all Applications for new licenses and for renewals. Please mark the appropriate response. Failure to mark one of the three responses will result in denial of the Application or registration.

\_\_\_\_\_ I am not subject to a court order for the support of my child.

\_\_\_\_\_ I am subject to court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I hereby certify that I have completed, or will complete, all registration requirements before the expiration of my current certificate. I understand and acknowledge that I may be subject to an audit of these requirements by State of Nevada Board of Homeopathic Medical Examiners.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_