

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: _____