

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

INSTRUCTIONS FOR CERTIFICATION RENEWAL FOR THE YEAR 2018

THIS IS THE ONLY RENEWAL NOTICE THAT YOU WILL RECEIVE

TIMELY RENEWAL: It is your responsibility to comply with all general and specific renewal requirements stated below and to submit your completed "Application for Certification Renewal" promptly. If we do not receive your completed application by the due date, you will not receive a new Certificate and will be restricted from practicing under NRS 630A.

RENEWAL FEES: The fees quoted herein are current at the time this renewal form was printed. If you fail to renew your Certification by the due date your Certificate will be suspended.

APPLICATION APPROVAL: Your renewal application will be approved unless it is apparent that you do not meet the renewal requirements. You may be subject to audit by the State of Nevada Board of Homeopathic Medical Examiners. Those selected for this will be notified by a separate notice. Please note that the State of Nevada Board of Homeopathic Medical Examiners reserves the right to initiate action at any time against a Certificate Holder who did not meet the renewal requirements at the time their Certification was renewed.

GENERAL REQUIREMENTS: Please insert any missing information and correct any errors on the Application for Certification Renewal on Page 2 of this Application and sign the Application for Certification Renewal. Return the completed form, together with the appropriate renewal fee, at least 30 days prior to the due date. Payments are accepted by check or money order and should be made payable to the "State of Nevada Board of Homeopathic Medical Examiners." **DO NOT SEND CASH**

****NOTE****

If requested by the State of Nevada Board of Homeopathic Medical Examiners, each Homeopathic Physician, Advanced Practitioner of Homeopathy and Homeopathic Assistant must submit evidence that he/she has completed during the preceding year 20 credits of continuing education (CE) in courses sponsored by the Nevada Homeopathic and Integrative Medical Association (NHIMA), the Arizona Homeopathic and Integrative Medical Association (AHIMA), courses/workshops approved by the State of Nevada Board of Homeopathic Medical Examiners or courses/workshops sponsored by the following organizations wherein any of the therapies listed in NRS 630A are taught:

American Medical Association; American Institute of Homeopathy; American Osteopathic Association; American Association of Oriental Medicine, Complementary and Alternative Medicine; American Naturopathic Medical Association; Orthomolecular Medical Society; American College for Advancement in Medicine; and Courses in Thought Field Therapy.

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APPLICATION FOR RENEWAL OF CERTIFICATION AS A HOMEOPATHIC ASSISTANT

RENEWAL FEE: \$200.00

DUE DATE: DECEMBER 31, 2017

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 renewal.

_____ 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 renewal 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: _____