

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  
AN ADVANCED PRACTITIONER OF HOMEOPATHY**

**REGISTRATION FEE: \$400.00**

**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 registrations. 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.

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?

Yes \_\_\_\_\_ No \_\_\_\_\_

APH REGISTRATION: 9.24.18

Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?

Yes \_\_\_\_\_ No \_\_\_\_\_

Pursuant to NAC 630A.096, you are required to obtain at least 20 continuing education credits of courses approved by the Board. Have you fulfilled this requirement?

Yes \_\_\_\_\_ No \_\_\_\_\_

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.

I hereby certify that all of the information contained in this Application for Certificate registration is true, correct and complete. I understand that I will be subject to disciplinary action including, but not limited to, the revocation of my License to Practice Homeopathic Medicine for violating NRS 630A.350 (3) by providing false, incomplete or misleading information

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

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