

DATE RECEIVED: _____
CEUs SUBMITTED: _____
RENEWAL FEE PAID IN FULL: _____
SUPERVISORY STATEMENT OF HMD: _____

FOR OFFICIAL USE ONLY
Do Not Write in This Space Above



Nevada Board of Homeopathic Medical Examiners
3315 E Russell Road Ste A-3
Las Vegas, NV 89120
Telephone: 775.324.3353

**ANNUAL RENEWAL APPLICATION FOR REGISTRATION OF CERTIFICATION AS A
ADVANCED PRACTITIONER OF HOMEOPATHY**
REGISTRATION FEE: \$400.00 / DUE DATE: DECEMBER 31, 2023

PLEASE PRINT OR TYPE

Name of Certificate Holder: _____ Certificate No.: _____

Social Security No.: _____ Date of Birth: _____

Mailing Address: _____
Street City State / Zip Code

Cellphone No.: _____ E-Mail Address: _____

Name of Supervisory HMD: _____ HMD's Telephone: _____

Business Address: _____
Street City State / Zip Code

Business Telephone No.: _____ Business 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 of my current certificate.

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

Yes _____ No _____

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 other than an Honorable Discharge?

Yes _____ No _____

Pursuant to NAC 630A.095, you are required to obtain at least 20 Continuing Medical Education credits of courses approved by the Board. Have you fulfilled this requirement and will provide written verification of this?

Yes _____ No _____

I hereby certify that the information contained in this Application for Licensure 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 Certification to Practice Homeopathic Medicine for violating NRS 630A.350 (3) by providing false, incomplete, or misleading information.

I understand and acknowledge that I may be subject to an audit of these requirements by the Nevada Board of Homeopathic Medical Examiners. I hereby certify that I have completed, or will complete, all registration requirements before the expiration of my current certificate on December 31, 2022.

Signature of Applicant _____ Date: _____