

Please submit completed application to CGreen@nvbhme.org

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, Suite A-3  
Las Vegas, NV 89120  
Telephone: 775.324.3353

**ANNUAL RENEWAL APPLICATION FOR REGISTRATION OF CERTIFICATION AS A HOMEOPATHIC ASSISTANT**  
REGISTRATION FEE: \$200 / 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.

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, 2023.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

## Statement of Supervising Homeopathic Physician

The **Supervising Homeopathic Physician** must be currently licensed with the Nevada Board of Homeopathic Medical Examiners. The **Supervising Homeopathic Physician** must provide the following information:

**1. A. Supervising Homeopathic Physician:**

Print Name: \_\_\_\_\_

**B. Name of Homeopathic Assistant under the HMD's supervision:**

Print Name: \_\_\_\_\_

**2. Current physical address and phone number of each location where the Homeopathic Assistant will provide medical services (general office hours that apply):**

Address/Phone: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

**3. Date and time the Supervising Homeopathic Physician will be present at each location to consult with and monitor the medical services provided by the Homeopathic Assistant:**

Dates and Times: \_\_\_\_\_

Dates and Times: \_\_\_\_\_

**4. Please describe and explain how monitored supervision is being done, whether in person onsite or if done remotely/virtually (for example through Zoom):** \_\_\_\_\_

\_\_\_\_\_

**5. As the Supervising Homeopathic Physician, I have read and will implement all necessary procedures to be in accordance with NAC 630A and NRS 630.5. As the Supervising Homeopathic Physician, I have submitted an attached copy of the protocol (as described in NAC 630A.450, 460, 470, 490, 500, and 510) for approval of the Nevada Board of Homeopathic Medical Examiners.**

### AFFIDAVIT

**STATE OF NEVADA**

ss

**COUNTY OF** \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, upon oath and under penalty of perjury do depose and state: That I am the individual named in the foregoing document; that I have answered all questions truly and accurately to the best of my ability.

\_\_\_\_\_  
PRINT name of **Supervising Homeopathic Physician**

\_\_\_\_\_  
SIGN NAME of **Supervising Homeopathic Physician**

and do Affirm/Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.