



**NEVADA STATE BOARD OF EXAMINERS FOR
MARRIAGE & FAMILY THERAPISTS AND
CLINICAL PROFESSIONAL COUNSELORS**

7324 W Cheyenne Avenue Suite #9
Las Vegas, Nevada 89129
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<http://marriage.nv.gov/>

APPLICATION FOR CLINICAL PROFESSIONAL COUNSELOR LICENSURE BY RECIPROCITY

Application Fee: \$75.00 check, money order or CyberSource made payable to: NV State Board of Examiners/ MFT & CPC

I. APPLICANT IDENTIFICATION INFORMATION:

License by Endorsement (Reciprocity)

1. Last Name	First Name	Middle Name	(Maiden)	Other Names or AKA
2. Home Address	City	State	Zip	Social Security or ITIN
3. Home Phone Number	Cell Phone Number	Email Address		Date of Birth
4. Primary Employer	Name of Supervisor		Business Telephone/Ext.	
5. Business Address: Street/ P.O. Box/ Suite	City	State	Zip	

Preferred Mailing Address: Home Office Other Your preferred mailing address may be public information and may be placed on the Board's website and/or made available to outside organizations. If you do not want your home or work address available to the public, please provide an alternate mailing address: _____

NAME or ADDRESS CHANGE: It is the applicant's responsibility to notify the Board in writing of any name or address change that might occur during the application process and licensure

PLEASE KEEP A COPY OF ALL RECORDS FOR YOUR FILE.

NAC 641A gives the Board the right to refuse to issue, suspend or revoke any registration, permit or license, of any licensee or applicant if the candidate secures the license, registration or permit by fraud, deceit or misrepresentation on any application for licensure submitted to the Board. Please review NRS 641A and NAC 641A from the website <http://marriage.state.nv.us> at the "About Us" page.

Disclosure of your social security number is mandatory pursuant to 42 U.S.C. §666(a)(13) and will be used for tax enforcement purposes, may be used for child support enforcement purposes or may be provided to a licensing or examination entity which uses a national examination for purposes of verification of license or examination status.

II. GENERAL INFORMATION:

1. Are you a veteran or current member of the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1a. Are you a veteran's spouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have a Nevada Business License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	License Number:		
3. Have you ever filed any application for licensure or registration in Nevada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please answer the following:		
a. Which Credential:			When:		
Under what name:			State/License Number:		
b. Which Credential:			When:		
Under what name:			State/License Number:		
4. Do you currently hold, or have you ever held a license certificate or registration to practice clinical professional counseling in another state or jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please answer the following:		
a. Which Credential:			When:		
Under what name:			State/License Number:		
b. Which Credential:			When:		
Under what name:			State/License Number:		

5. What is your qualifying Graduate Degree?	Degree Credits:
6. Name of the School, College, University or Institution:	

III. BACKGROUND INFORMATION

1. Have you ever been arrested, charged with, or convicted of, or plead guilty or “nolo contendere” to any offense or violation of any federal, state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor, or felony, excluding any minor traffic offense? Please note driving or being in control of a motor vehicle while under the influence of any chemical substance, including alcohol, is not considered a minor traffic offense. Yes No
2. Have you ever had a complaint filed with a certifying, licensing, or registering body or any professional association against you for alleged unethical behavior or unprofessional conduct? Yes No
3. Have you ever been censured or had any disciplinary action taken against you for unethical behavior, unprofessional conduct or any other grounds by any certification or licensing board or other agency, institution, or professional organization? Yes No
4. Have you ever been investigated, charged with, or convicted of unprofessional conduct, negligence, or professional incompetence by any certification or licensing board or other agency, institution, or professional organization? Yes No
5. Have you used any alcohol, narcotic, barbiturate other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent within the last 5 years? Yes No
6. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? Yes No
7. Have you used controlled substances which were obtained illegally, or which were not obtained pursuant to a valid prescription order or which were not taken following the direction of a licensed health care provider within the past 5 years? Yes No
8. Has any state, jurisdiction, province, or professional organization denied your application for credentials or professional membership? Yes No
9. Have you ever been named as a defendant or have been requested to respond as a defendant to a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself? Yes No

IF ANY OF THE ABOVE QUESTIONS HAVE BEEN ANSWERED "Yes," please explain circumstances and outcome on the reverse side.

IV. PROOF OF LICENSURE

An applicant who is currently licensed and in good standing as a clinical professional counselor in another state or jurisdiction may be eligible for licensure, contingent upon meeting Nevada requirements. A Nevada **License Verification Form*** should be sent to each licensing body to be returned directly to the Board office from each licensing body. The Board may accept, deny or grant partial credit for requirements completed in another jurisdiction. *Note: Supervision completed toward licensure as a clinician other than a clinical professional counselor is not eligible to be used toward licensure as a clinical professional counselor.*

Checklist: If you are licensed in another state as a marriage and family therapist, please provide the following:

- _____ Background check procedures (Waiver, money order, 2 cards)
- _____ Copy of License
- _____ Verification of Licensure Form* (Have each licensing agency send this form to the Board office.)
- _____ Self-query report from the National Practitioner Data Bank (it will cost \$4) which shows a clean record — i.e., no disciplinary actions. The link is <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp>. Once received you may email it to the board office.

Please list all professional licenses or certifications that you have held within the last 10 years.

Professional License Held/Expiration Date	Issuing Board/State	License Number	Issuing Date

Professional License Held/Expiration Date	Issuing Board/State	License Number	Issuing Date

V. APPLICANT'S ATTESTATION:

- A. I have reviewed the licensure eligibility requirements prior to submitting this application. Yes No
- B. I have completed the application materials and procedures honestly and in good faith. Yes No
- C. I understand that the members and staff of the Board are compelled by law to uphold, implement and enforce the licensure statutes and regulations as written. Yes No
- D. I understand that the Board has the statutory authority to refuse to grant licensure to, or may suspend, revoke, condition, limit, qualify, or restrict the license of any individual that has knowingly made a false statement on a Nevada State form required for licensure or licensure renewal. Yes No
- E. I have read and am familiar with the statutes and regulations governing the practice of clinical professional counseling in Nevada. Yes No
- F. I understand that once the Board receives my application I am bound by, and will abide by, the statutes and regulations governing the practice of clinical professional counseling in Nevada. Yes No

VI. CHILD SUPPORT STATEMENT

Nevada state law requires that all applicants for issuance of a license be required to provide the following information concerning the support of a child. As part of this application, your responses to these questions are given under oath and any response given hereto which is false, fraudulent, misleading, inaccurate or incomplete, will result in your application being denied. You must mark one of the following responses. Failure to indicate which provision applies will result in your application being denied.

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with an order or am in compliance with a plan approved by the district attorney or other public agency enforcing an order for the repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and am **NOT** in compliance with an 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.

VII. AFFIDAVIT

I agree to allow the Board of Examiners for Marriage & Family Therapists and Clinical Professional Counselors ("Board") to communicate with any person in connection with this application. I will hold the Board, its members, officers, and agents free from any liability or complaint by reason of any action any of them may take in connection with the Board's investigation of my professional training, experience, or personal and professional background.

The undersigned hereby applies for a license, under the laws and regulations governing clinical professional counselors and certifies under penalty of perjury that all statements contained herein are true and correct to the best of his/her knowledge and belief; that he/she is the person named in the credentials submitted, and the same were procured in the regular course of instruction and examination, without fraud or misrepresentation; and with full knowledge that all statements made in this application may be subject to investigation, including a check of fingerprints, police records, and former employers. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate or incomplete, my application will be denied.

Signature

Date

VIII. FINGERPRINTING AND BACKGROUND CHECK

You do not have to be fingerprinted in Nevada. Follow the Background Check Procedure as written in the Background Check Procedure Letter located on <http://marriage.nv.gov/> Using black ink, fill in the boxes on the top half of the cards (SSN, sex, race, height, etc.) and sign where indicated. It is recommended that you go to a police precinct or fingerprinting agency to use their fingerprinting department. Have the Officer note any scars on the fingerprint area or any irregularities, such as missing digit, etc.

Mail Application to NV State Board of Examiners – MFT & CPC, 7324 W Cheyenne Avenue Suite #9, Las Vegas Nevada 89129-7246