NEVADA STATE BOARD OF EXAMINERS FOR CLINICAL PROFESSIONAL COUNSELORS

7324 W Cheyenne Avenue #10
Las Vegas, Nevada 89129-7426
Office: (702) 486-7388
Fax: (702) 486-7258
marriage.state.nv.us

VERIFICATION OF LICENSE FORM

(Please type or print)

Nevada Applicant's Name: _____

Complete this section authorizing the release of information by another state licensing program. Mail this form and any necessary fees to that licensing agency.

Name of individual to be Verified: _____ License/Reg./Cert. No. _____

I hereby authorize the release of information to the Nevada State Board of Examiners for MFT & CPC.

_____ _____
Signature Date

Please, mail this form to the licensing body where the above individual was licensed, registered, certified to complete:

1. The above individual is ☐ licensed ☐ registered ☐ certified as a (title) _____ in the state of _____

2. The name of the licensee/registrant/certified individual, as shown in your records:
_____

3. The license/registration/certificate is: ☐ current ☐ temporary ☐ cancelled ☐ lapsed

Issue date: _____ Expiration date: _____

Any complaints or disciplinary actions? ☐ Yes ☐ No (If Yes, attach an explanation).

4. At the time of licensure/registration/certification this individual met the following requirements:

Required Education: Degree _____

From a school that met the following requirements: _____

Regional accreditation required? _____

Experience Submitted: Number of Years _____

Number of direct client contact hours _____

Total hours of experience _____

Number of direct supervisor contact hours _____

Supervisor credentials required _____

Required Examination: ☐ Yes ☐ No. If yes, list examination(s), type, and title _____

_____ _____
Signature of Person Completing Form Date

_____
Printed or Typed Name and Official Title

_____
Agency/Organization Name Affix Seal Here

_____
Address

_____

_____

PLEASE MAIL FORM TO: Nevada Board of Examiners MFT/CPC, 7324 W Cheyenne Avenue #10, Las Vegas, Nevada 89129