



LABORATORY DIRECTOR LICENSE APPLICATION

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NEVADA DIVISION OF PUBLIC AND
BEHAVIORAL HEALTH
727 Fairview Drive, Suite E
Carson City, Nevada 89701
Phone: (775) 684-1030 Fax: (775) 684-1075

This application must be accompanied by a check for the appropriate amount made payable to the Nevada State Treasurer. Under Nevada Administrative Code (NAC) 652.488 the fee is nonrefundable. Failure to submit appropriate documentation within six (6) months of application submission voids the application. Insufficient funds charge: \$25.00 per NAC 353C.400. Regulations may be viewed at <http://leg.state.nv.us>. **PLEASE FILL IN THIS FORM ELECTRONICALLY, SAVE and PRINT.** (If unable to complete electronically type or print in black or blue ink and submit)

The fee for licensure is \$500.00 and is valid for two years.

Indicate which license you are applying for (select only one box):

- NAC 652.380 (Licensed Laboratory Director)
- NAC 652.385 (Pulmonary Laboratory Director)
- NAC 652.395 (Registered Laboratory Director)

Name
Maiden/Previous Name (if applicable)
Social Security Number
Email Address
Street Address
City
State
Zip Code

Date of Birth (i.e., 08/12/1956)
Phone Number (starting with the area code)
Mailing Address (if different from street address)
City
County
State
Zip Code

Check Only One Box: If no selection is made, notices may be sent through email.

- I prefer to receive notices through email.
- I prefer to receive notices through the U.S. Mail.

Due to the high cost of mailings and the desire to keep licensure fees down, notices may not be physically mailed to you unless you note above that you prefer to receive notices through the U.S. mail.

Please indicate the laboratories at which you will function as a laboratory director (may not exceed five):

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Required Documents:

- 1 Copy of current physician's license must be attached
- 2 Copies of current board certifications must be attached
- 3 Original sealed transcripts (for PhDs) required

Academic Background:

College/University	City	State	Degree Obtained	Major	Month/Year

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Specialty Training:

Facility	City	State	Nature of Training	Month/Year

Laboratory Training and/or Work Experience:

Company Name	City	State	Work Title	Supervisor's Name	From Month/Year	To Month/Year

ALL APPLICANTS MUST COMPLETE THIS SECTION

Failure to clearly mark one of the choices below will result in denial of the application.

Federal Welfare Reform as implemented by the 1997 Legislative Session NRS 652.095 requires that professional and occupational licensing agencies add the following questions regarding child support to all applications for new licenses and renewals. Your license, issued by the Bureau, is subject to this requirement mandated by the Federal Government of all states, including Nevada.

MUST CHOOSE ONLY ONE BOX

Please mark the appropriate response:

- 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 I am in compliance with the order, or I am in compliance with a plan approved by the district attorney or other public agency enforcing the order for 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 I 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. **You are required to contact your local District Attorney or the Welfare Division to arrange payment. Provide evidence of compliance and payment with the application.**

I hereby certify that all the above statements/information are true, correct and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

If you fail to answer the questions or sign this form, your license will NOT be issued and the fee will NOT be refunded.

For Official Use Only: