



Name of Employer during that time.

Employer's Address

City

State

Zip Code

Phone Number

Fax Number

Email Address

<sup>1</sup> Required pursuant to NRS 622.238(3) and 653.550(1)(a).

	<b>PERSONAL DATA</b>	<b>Y</b>	<b>N</b>
1.	Within the past 10 years, were you suspended from work, been restricted in job duties, or denied by state, federal or foreign jurisdiction from performing your job?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Within the past 10 years, were you disciplined for unprofessional conduct such as patient abuse, incompetence, negligence, or unsafe practices?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Within the past 10 years, were you convicted of a felony, or named in any past or pending civil suit alleging incompetence or negligence in the care of others?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you presently afflicted by any medical condition which may impair your ability to practice with reasonable skill and safety?	<input type="checkbox"/>	<input type="checkbox"/>

If **YES** to any of questions 1 through 4, submit an explanation with this application.<sup>2</sup>

<sup>2</sup> A Yes answer does not necessarily preclude licensure.

### **CHILD SUPPORT INFORMATION <sup>3</sup>**

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 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 plan approved by the district attorney (or other public agency enforcing the order for the repayment of the amount owed pursuant to the order).

<sup>3</sup> This application cannot be processed until the applicant checks the appropriate box.

### **ATTESTATION**

I, \_\_\_\_\_, attest that I am the person described and identified in this application; that I have answered all questions in this application truthfully and completely; that any furnished supporting documentation is accurate to the best of my knowledge. I understand that prior to making a determination regarding my application, the Division may require additional information from me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_