

**State of Nevada**  
**Division of Public and Behavioral Health**

727 Fairview Drive, Suite E  
 Carson City, NV 89701  
 Phone: 775-684-1030 Fax: 775-684-1073

**Request for Approval of New Provider**

This form is to be completed by the new provider in conjunction with the supervisor for the agency.

**New Provider Information**

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Agency Information**

Name of Requesting Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Name of Requesting Supervisor: \_\_\_\_\_

**Qualifications Checklist:** Please check the following boxes to indicate the individual meets the minimum qualifications for a provider of treatment as required by NAC 228.110

NAC 228.110	PROVIDER Qualification	YES	NO
§ 7(a)	Bachelors or more advanced degree. Please provide a copy or other proof of the degree. <i>**This requirement can be waived in counties with populations of less than 50,000. See § 9(a-c). <b>Attach copy of diploma.</b></i>		
§ 7(b)	Supervised by qualified supervisor of treatment.		
§ 7(c)	<b>Attach a copy of the training log.</b> <i>**Up to 30 hours may be completed via distance media.                      **Provider must have completed at least 15 hours of approved training within the immediately preceding two years.</i>		
§ 7(d)	I attest I have never been convicted of a crime which demonstrates unfitness to act as a provider of treatment.		
§ 7(e)	I attest I am free of violence.		
§ 7(f)	I attest I am not currently an abuser of prescription drugs or alcohol or a user of illegal drugs.		



**Declaration**

I hereby declare, under penalty of perjury, that all information provided and attached to this application is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this application.

\_\_\_\_\_  
Original Signature of New Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Original Signature of Agency Supervisor

\_\_\_\_\_  
Date

*You must fill out this form in its entirety.*

***Please retain form on file with all supporting documents. You may be audited and required to submit this form with supporting documents at any time. Failure to be in compliance may result in action on your certificate, including being put on probation or suspension or revocation of your certificate.***