



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES  
3416 Goni Road, Suite D-132  
Carson City, NV, 89706  
Telephone (775) 687-4210 • Fax (775) 687-0574  
<http://adsd.nv.gov>

## INFORMATION/INSTRUCTIONS FOR APPLICATION FOR LICENSURES

### APPLICATION REQUIREMENTS

1. **APPLICATION FORM FOR LICENSURE.** The enclosed application and all other requested materials must be completed, signed, notarized, and received by ADSD before the application will be processed.
2. **APPLICANT MUST BE A U.S. CITIZEN OR MUST BE LAWFULLY ENTITLED TO REMAIN AND WORK IN THE UNITED STATES.** U.S. citizens must submit a copy of their certified birth certificate or passport. Naturalized citizens must forward a copy of their documentation from the U.S. immigration and Naturalization Service evidencing the lawful entitlement of the applicant to remain and work in the U.S.
3. **CHARACTER REFERENCE FORMS.** Make a copy from the enclosed form for each of the three (3) required character references. Send one form directly to each reference for return to ADSD.
  - a) Please note that your direct supervisor cannot provide a character reference in support of your application.
4. **PHOTOGRAPHS.** Two high quality passport size head shots, in either color or black/white, must accompany each application. One photograph should be affixed to the application and the other should be loose (with name printed on the back).
5. **FEES:**
  - a) A check for \$100.00 (non-refundable) must accompany the completed application;
  - b) Following successful completion of the state exam, a \$25.00 license fee plus a \$400.00 biennial fee prorated for the remainder of the biennium. There will be an unknown fee for the state examination.
6. **TRANSCRIPTS.** Official transcripts must be sent to ADSD from the institutions where the degree was granted.
7. **BACB CERTIFICATION.** Provide a copy of your certificate along with your application. Also have BACB notify ADSD of the status of your certification. The can be contacted at [Verifications@BACB.com](mailto:Verifications@BACB.com)

8. **SUPERVISOR QUALIFICATION FORM.** (Only for Licensed Assistant Behavior Analyst) Have your supervisor complete the Licensed Assistant Behavior Analyst Supervision Qualification Form for submission to ADSD with your application. This form must be completed with the supervisor's information.
9. **FINGERPRINTS.** With your application please include a signed copy of the Fingerprint Background Waiver form. Once your application has been received, we will email you our Fingerprint Instructions. Please ensure you have a valid email address.

## LICENSING PROCEDURES

1. **WHEN TO APPLY.** An application for licensure may be filed at any time after receipt of the bachelor's degree and certification by the Behavior Analyst Certification Board, Inc. Because the application process can take many months, those applicants requiring a credentials review should apply early enough to work the issues through.
2. **COMMUNICATION WITH ADSD.** A letter of acknowledgement will be sent shortly after application is received by ADSD. Applicants will be notified by mail that either a file is complete or that specific documents are missing.

As ADSD cannot acknowledge receipt of individual items, those wishing receipt confirmation should send documents **CERTIFIED MAIL, RETURN RECEIPT REQUESTED.**

3. **STATUTES AND REGULATIONS.** NRS 437 (the Statute) governing the practice Behavior Analysis in Nevada, should be studied thoroughly prior to the state exam. NRS 437 and statutes cross-referenced may be reviewed at the county law library, or on-line at [adsd.nv.gov](http://adsd.nv.gov).
4. **STATE EXAMINATIONS** will be administered to applicants who have met all other requirements. Applications must be complete at least 90 days before the examination dates to obtain ADSD approval to sit for the exam. Applicants should be well versed on sound professional practices, moral/ethical issues, NRS 437 (the Statute). Additional instructions will be sent following schedule of the exam.
5. **SPECIAL ACCOMMODATIONS, IF ANY,** should be requested of the Board at the time of application.

**NOTE:** If additional information is needed, or if there are questions, contact ADSD at the address/phone number on this document. All checks payable to ADSD. Please mail all documentation to:

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