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DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES
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License Verification

Applicant: Please complete the top section of this form and send it to the srare where you are licensed as a Behavior Analyst. Instruct them to send the form directly to the address listed above. Licensing agencies may require a fee to verify a license. Check in advance to help expedite the process.

First Name M.I. Last Name

License Number Date of Birth

I authorize the release of the information below to State of Nevada Aging and Disability Services Division.

Signature

Licensing agency: Please complete this form regarding the applicant listed above. Submit the completed form to the address listed above. We will not a accept the form if submitted by the applicant.

Name of License Holder License Number

Issue Date Expiration Date License Status

Licensing Agency

Has the the individual evar had disciplinary action in your state? Yes No
If yes, please attach an explanation and provide a copy of the final order or other documentation of action taken.

Signature Date

Title

Name of Regulatory Agency