

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Aging and Disability Services Division

*Helping people. It's who we are and what we do.*



Dena Schmidt  
Administrator

### License Verification

Applicant: Please complete the top section of this form and send it to the state where you are licensed as a Behavior Analyst. Instruct them to send the form directly to the address listed below. 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 below. We will not accept the form if submitted by the applicant.

\_\_\_\_\_  
Name of License Holder

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Issue Date

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
License Status

\_\_\_\_\_  
Licensing Agency

Has the individual ever had disciplinary action in your state?  
If yes, please attach an explanation and provide a copy of the final order or other documentation of action taken.

Yes

No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Regulatory Agency