1. FEE SCHEDULE:
   - ACTIVE $100.00
   - INACTIVE $100.00
   - LATE FEE $100

Late fee required for Active and Inactive renewals submitted after Date Due.

2. To verify our records, please write your CURRENT Home Address and Employer Information here, or write “Same as Above” (SaA)
   - My “Preferred Mailing Address” is: Home ___ Work ___
   - Residence address: ____________
   - Employer name & address: ____________
   - Phone # (___) ____________
   - Phone # (___) ____________
   - EMail Address: ____________

3. Statement of Compliance for Professional Development Hours (PDHs) [NAC 625.430]
   - You must check Active or Inactive below. License may become Inactive if PDHs are not reported correctly.
   - ACTIVE (Non-Resident but resident of a state with continuing education requirements) I am in compliance, or will comply within the next 180 days, with my state of residence continuing education requirements.
   - ACTIVE (Nevada Resident or Resident of a state without continuing education requirements) I have complied, or will comply within the next 180 days, with the Board’s continuing education requirement.
   - Nevada residents must enter their PDHs, 30 PDHs minimum
   - PDH documentation is not required unless requested.

   ↓↓Write PDH totals in the boxes below  ↓↓Write PDH totals in the boxes below  ↓↓
   - PDH carryover from last renewal period (15 maximum)  +  PDHs completed for current period  = Total PDHs = previous carryover + current (30 minimum)
   - A  B  C

   □ INACTIVE I did not meet the 30 PDH continuing education requirement for this period.
     - If you choose Inactive you must answer all questions, sign the back of this form, and submit payment shown in “Amount Due”.

   □ Exempt I did not acquire the 30 PDHs of continuing education because of the following exemption pursuant to NAC 625.440.
     - This is my first renewal (licensed less than 2 years).

Please complete the back of this form.
1. Pursuant to NAC 625.430, I have reported only Professional Development Hours that are related to my practice and have judged them to meet the Board’s requirements. I am aware that my report may be audited by the Board and I will need documentation to support the PDHs reported — OR — I have chosen "Inactive" status because I have not obtained the required PDHs.

2. I certify with my signature that all information presented in this report is true and correct.

Check one box

☐ I had a serious illness during this period.
☐ I served more than 120 days on active military duty during this period.
☐ I worked outside the United States for a minimum of 120 days this period.

4. Disciplinary & Child Support Declarations: Mark selections and sign the signature block. [Renewals cannot be processed unless the forms are properly completed and signed.]

DISCIPLINARY DECLARATION

☐ NO, I have not been disciplined by any licensing jurisdiction within the past two years.

☐ YES, I have been disciplined by a licensing jurisdiction within the past two years.
   (If Yes, describe in full on an additional sheet and submit with this form.)

CHILD SUPPORT DECLARATION

In compliance with the Federal Welfare Reform Act and the Nevada State Welfare Division, the 1997 session of the Nevada Legislature enacted NRS 625.387. Nevada law requires that professional and occupational licensing agencies add specific questions regarding child support to applications for new licenses and license renewals. Failure to mark one of the boxes will result in denial of your renewal.

☐ I am not subject to a court order for payment of child support.

☐ I am subject to a court order for payment of child support for one or more children, and I am in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the order.

☐ I am subject to a court order for the support of one or more children, and I am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the order.

5. Are you a US military veteran or currently serving in the US military? Yes ☐ No ☐

NRS 417.0194(16) requires state regulatory bodies to request this information from licensees and applicants.

Affidavit (ACTIVE and INACTIVE licensees must sign here)

1. Pursuant to NAC 625.430, I have reported only Professional Development Hours that are related to my practice and have judged them to meet the Board’s requirements. I am aware that my report may be audited by the Board and I will need documentation to support the PDHs reported — OR — I have chosen “Inactive” status because I have not obtained the required PDHs.

2. I certify with my signature that all information presented in this report is true and correct.

______________________________          ________________
Signature                          Date

To “Retire or Withdraw” your license please sign and date:

This statement is to confirm my request to Retire or Withdraw my Nevada license.

______________________________          ________________
Signature                          Date

Go to www.nvbpels.org for links to NRS/NAC 625 detailing license renewal and continuing education requirements. Please contact us if you have questions about your renewal status.

Phone: (775) 688-1231         FAX: (775) 688-2991         Email: board@boe.state.nv.us