

## Application and Affidavit for

## L2K2 (Legal Hold) Certification and Decertification Approval

Please read instructions before completing this fillable form or print in blue or black ink.

Pursuant to NAC 641B.200(10)(a)(1)(2)(3)(4), as contained in LCB File T001-16, a clinical social worker, licensed by the Board may engage, following Board approval, in the certification and decertification process of involuntary holds, as described in NRS 641B.160(2), NRS 433A.170, NRS 433A.195 and NRS 433A.200. In order to verify eligibility, please provide the information requested in this application.

The following criteria must be met for the application to be approved –

**General Information** 

Duties

- The applicant has not had any lapse in licensure or in his or her practice for a minimum of 5 years.
- The clinical social worker is not practicing under any professional license in any state, which is under a disciplinary action, suspension or revocation.
- The clinical social worker demonstrates a minimum of <u>3 years</u>, <u>post-clinical social work licensure</u> in either direct clinical practice, or supervision of practice, in a mental health setting.
- The clinical social worker shall maintain a policy for professional liability insurance.

| Present Legal Nam                               | ne:              |  | Firs                |                      | Mia             | ddle     |
|---|------------------|--|---------------------|----------------------|-----------------|----------|
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| Mailing Address: _                              |                  |  |                     |                      |                 |          |
|   | Street           |  | City                | /                    | State           | Zip      |
| Telephone ()                                    |                  | Date of Birth:   |                     |                      |                 |          |
| Are you currently licensed in Nevada as a LCSW? |                  |  | Yes                 | License Num          | nber:           |          |
| Are you currently, o                            | or have you eve  | been licensed, registere   | ed or certified as  | a social worker in   | another state(s | s)?      |
| No  | Yes              | If "yes," complete t   | the following       |                      |                 |          |
| State:  |                  | License Type:  |                     | License Num          | nber:           |          |
| State:  |                  | License Type:  |                     | License Nun          | nber:           |          |
| State:  |                  | License Type:  |                     | License Nun          | nber:           |          |
| Are any of the abo                              | ve licenses subj | ect to a disciplinary or ac  | dministrative actio | n, suspension or r   | revocation?     |          |
| No  | Yes              | If "yes," provide a  | written explanatio  | on as a separate a   | ttachment       |          |
|   |                  |  |                     |                      |                 |          |
| three (3) years mu                              | st demonstrate   | years of work history in<br>direct clinical practice or<br>u may attach a current re | supervision of cl   | inical practice in a | mental health   |          |
| Employer  |                  | Address  |                     |                      | Tel             | ephone   |
| Position  |                  | Supervisor   |                     |                      | Dates of Em     | ployment |
|   |                  |  |                     |                      |                 |          |

| Employer | Address    | Telephone           |  |  |
|----------|------------|---------------------|--|--|
| Position | Supervisor | Dates of Employment |  |  |
| Duties   |            |                     |  |  |
| Employer | Address    | Telephone           |  |  |
| Position | Supervisor | Dates of Employment |  |  |
| Duties   |            |                     |  |  |

## **NOTARIZED AFFIDAVIT**

## AFFIDAVIT OF LICENSURE, CLINICAL PRACTICE AND COMMITMENT TO DEMONSTRATE ONGOING CONTINUING EDUCATIONAL COMPETENCY

I hereby certify under penalty of perjury, that the following information pertaining to this application:

- > The information submitted on this application to engage in Certification / Decertification of Legal Holds in the state of Nevada, including any accompanying material or documents, is true and correct;
- > I will maintain personal professional liability insurance unless otherwise covered by my agency;
- ➤ I will complete at least six (6) hours of continuing education each renewal cycle in the following areas -
  - Advanced / clinically based, coursework pertaining to evidence-based assessment tool; mental status exams; duty to warn; ethics pertaining to involuntary commitments; assessment of homicidality and suicidality.

| Print Name   |                                    |   |
|--|------------------------------------|---|
|  |                                    |   |
| Dated  | Signature of Applicant             |   |
| my business, professi<br>or desirable. No liabilit | onal, social and moral background, | kers, its agents and employees, to conduct any investigation(s) of qualifications and reputation, as it may deem necessary, proper lf to the said Board of Examiners for Social Workers, its members, . |
| Dated  | Signature of Applicant             |   |
| Subscribed and sworn                               | n to before me this                |   |
| day of   |                                    |   |
|  | Month / Year                       |   |
| Siç  | gnature of Notary                  |   |
| Notary Public for State                            | e of                               |   |
| My commission expires                              |                                    | Notary Seal   |
|  |                                    |   |