

General Information

Duties

STATE OF NEVADA

BOARD OF EXAMINERS FOR SOCIAL WORKERS

4600 Kietzke Lane, Suite C121, Reno, Nevada 89502 775-688-2555

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 –

- 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.

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Street		City	State	Zip
	Date of Birth: _			
ed in Nevad	da as a LCSW?	Yes	License Number:	
e you eve	been licensed, register	ed or certified as a se	ocial worker in another	state(s)?
Yes	If "yes," complete	the following		
	License Type:		License Number:	
	License Type:		License Number:	
	License Type:		License Number:	
enses subj	ect to a disciplinary or a	dministrative action, s	suspension or revocatio	n?
Yes	If "yes," provide a	written explanation a	s a separate attachmer	nt
Liet five (5)	years of work history in	chronological order	heainning with most rec	ent The preceding
	Address			Telephone
	Supervisor		Date	s of Employment
	Street ed in Nevacy ye you even Yes enses subject Yes List five (5) monstrate	Date of Birth:	Date of Birth: Date of Birth: ed in Nevada as a LCSW? Yes Ye you ever been licensed, registered or certified as a so Yes If "yes," complete the following License Type: License Type: License Type: Senses subject to a disciplinary or administrative action, so Yes If "yes," provide a written explanation a List five (5) years of work history in chronological order I monstrate direct clinical practice or supervision of clinic ssary. You may attach a current resume / vitae in lieu of	Street Date of Birth: Date of Birth: Ped in Nevada as a LCSW? Yes License Number: Yes If "yes," complete the following License Type: License Type: License Type: License Type: License Type: License Number: License Type: License Number: License Subject to a disciplinary or administrative action, suspension or revocation and a separate attachment of the first of the

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