



STATE OF NEVADA  
**BOARD OF EXAMINERS FOR SOCIAL WORKERS**  
 4600 Kietzke Lane, Suite C121, Reno, Nevada 89502  
 775-688-2555

**NOTARIZED AFFIDAVIT**

**PROVISIONAL "C"  
 ENDORSEMENT OF A CURRENT, VALID OUT-OF-STATE  
 SOCIAL WORK LICENSE**

I hereby certify under penalty of perjury, that the following information pertaining to my provisional social work application:

- The information submitted on the initial application, including any accompanying material or documents, is true and correct;
- Any additional documentation and materials required by the Board throughout the application process shall also be true and correct;
- I hold a corresponding valid and unrestricted license(s) to engage in social work in another state(s) or U.S. territory;
- I have not been the subject of any disciplinary action, investigation or under investigation by a corresponding regulatory agency in another state(s) or U.S. territory; and
- I have not been held civilly or criminally liable for malpractice in any other state(s) or U.S. territory.

*I further acknowledge that I have one (1) year following the date of initial licensure to provide the Nevada Board of Examiners for Social Work any and all information required for full licensure and that a provisional license may also be subject to disciplinary action, pursuant to NAC 641B.112.*

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Dated

\_\_\_\_\_  
 Signature of Applicant

Notary Seal

Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_  
 Month / Year

\_\_\_\_\_  
 Signature of Notary

Notary Public for State of \_\_\_\_\_

My commission expires \_\_\_\_\_