
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

I hereby authorize the Board of Examiners for Social Workers, its agents and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualifications and reputation, as it may deem necessary, proper or desirable. No liability of any sort or kind shall attach itself to the said Board of Examiners for Social Workers, its members, or employees or by reason of the use of the authorization.

Dated

Signature of Applicant

Subscribed and sworn to before me this _____

day of _____
Month / Year

Signature of Notary

Notary Public for State of _____

My commission expires _____

Notary Seal